THE

MEDICAL EXAMINER,

AND

RECORD OF MEDICAL SCIENCE.

NEW SERIES—No. VI.—JUNE, 1845.

ORIGINAL COMMUNICATIONS.

Further Remarks on the Iodide of Potassium in Pneumonia.

By GEORGE L. UPSHUR, M. D., of Norfolk, Virginia.

To the Editor of the Medical Examiner.

In the 13th number of the Examiner for 1844, I published some observations upon the use of the iodide of potassium in the suppurative stage of pneumonia. A few days since I received the March number of the *Journal des Connaissances Médico-Chirurgicales*, published at Paris by MM. I. Lebaudy, H. Gouraud and Martin Sauzer, in which I find the following comments upon the article above referred to:

"Although iodine has gradually invaded the entire therapeutic field of chronic diseases, it is a matter of surprise to see it entering into that of acute affections, especially of such a one as pneumonia. It is the more wonderful that it is recommended in the *suppurative period* of this disease. We say, however, that the case reported by the author is not sufficiently in detail; he there merely states that the sputa lost their rusty appearance to assume an aspect more decidedly purulent." * * * * * "Since the month of January, the author has employed the iodide of potassium in six other cases of pneumonia, in neither of which did the treatment disappoint his expectations. We regret that M. Upshur has not thought proper to insert these seven cases in the *Medical Examiner*, instead of trusting solely to one simple observation. Certainly the subject is well worth the trouble. Without suspecting the good faith of the author, the fact which

he maintains is so very extraordinary, that few practitioners will give credence to it, unless he brings further proof upon the subject."

The notes of three of these cases have unfortunately been mislaid; the fourth has already appeared in the Medical Examiner for June 29th, 1844, and I desire now to place a detailed account of the remaining three in the columns of that Journal. I am prompted to this solely by the last clause in the extract just quoted, for my own mind has long since been convinced of the propriety of the treatment recommended.

Case I.—John Fisher, a lad aged 16, of a delicate frame and lymphatic temperament—previously healthy—after exposure to a chilling rain, was seized on the evening of January 8th, 1844, with severe rigors, which were followed by high febrile action, with a hacking cough and a sense of tightness across the chest. I saw him about noon the next day, when his condition was as follows: Passed a restless night; feels much debilitated; lies upon his back, with the shoulders raised; respiration 45 per minute, but performed without pain; cheeks flushed, and nostrils dilated; pulse 120, soft and full; skin hot and dry; bowels disposed to looseness; cough very troublesome, and expectoration consists of tenacious mucus; much thirst; appetite impaired, and countenance anxious. Physical examination of the chest gave dull percussion over the lower lobe of the right lung posteriorly, with very distinct crepitant rhonchus and an expiratory sound. The percussion over the left lung was clear, and the respiration merely puerile.

Prescription. Cut cups posteriorly to the right lung; and one of the following powders every hour: ℞. Calomel. gr. x; Pulv. Ipecac. gr. v. M. Div. in chartulas viii.

Jan. 10.—More dyspnœa; inclined to sleep, but is prevented by the cough; expectoration to-day exhibits some rusty streaks; respiration 47 per minute; pulse 112, and jerking; tongue dry, and pointed with a dark coating posteriorly; not as much thirst as yesterday; bowels were acted on four times during the night; complains of no pain, but when questioned, merely answers that he "feels very sick." Physical signs as yesterday, except that the expiratory sound in the lower lobe of the right lung is more distinct. Prescribed tart. emetic. gr. ij. tr. opii camph. f.ʒij. Aquæ f.ʒjv. M. A table spoonful every two hours. In the evening there was an exacerbation of fever, and the solution having excited vomiting was given in half the original dose.

On the 11th, the patient's condition was little altered. The tartar emetic was disposed to run off by the bowels, and therefore was discontinued for the present, and the mild chloride of

mercury, in doses of one grain every hour, was substituted in its stead. The sputa were more *rusty*, and in the diseased lung the crepitant rhonchus had almost entirely disappeared, while the blowing respiration was heard very distinctly.

During the five days following, the condition of the patient was not materially changed, and the treatment consisted in the cautious administration of the tartar emetic, alternated with mercurials. On the 17th, the pulse was only 103 per minute, and extremely feeble; the respiration 30, and performed with difficulty; the cough troublesome, and expectoration, consisting of pus, sometimes marked with bloody striæ, was very abundant. In addition to the dull percussion and bronchial respiration, there was now and then heard a crackling sound, as if the air was forced through a tenacious fluid. *Prescription.* Emp. Canth. 4 in. by 6 in. posteriorly to the right lung. ℞. Potassii iodidi ℈i. Infus. humuli f.℥viij. M. A wine-glassful every eight hours.

On the 18th, he was yet more feeble; pulse as yesterday, but with less volume; tongue dry, and covered with a brown crust; blister, which remained on eight hours, drew but little; dyspnœa so great as to oblige him to be propped up with pillows; bowels very loose, the evacuations being watery. Ordered wine-whey. Tincture of kino in doses of thirty drops, every half hour, until the alvine evacuations ceased: continue iodide of potassium.

16th—Rested well last night; cough troublesome only at times; feels stronger, and desires something to eat; pulse 95, soft, and fuller than yesterday; respiration 25, but accompanied with some dyspnœa; one evacuation from the bowels during the night; percussion still very dull, and respiration bronchial, with harsh submucous rhonchus. Took about two ounces of wine-whey, and one and a half drachm of the tincture of kino. Continue the iodide of potassium in doses of gr. v. every six hours, administered in f.℥ij. of infusion of hops.

On the 20th, the patient was decidedly better, and, it might be said, was upon the verge of convalescence. On the 21st, private business called me from the city, and I requested my friend, Dr. Wm. I. Moore, to attend to the case for me. He continued the use of the iodide of potassium in the same doses as I had prescribed it, and the patient convalesced so rapidly, that he considered further attendance useless after paying the fifth visit.

Case II.—Mrs. M—— aged 30, the mother of three children, of a vigorous constitution, was taken ill on the 22d of February, 1844, with ague, followed by fever. Thinking her disease only a slight catarrh, she did not send for me until the 26th, when I found her labouring under high febrile excitement, cough and

dyspnœa. Upon examining the chest, I detected crepitant rhonchus diffused through the lower lobe of the left lung. The percussion there was but little duller than natural, and the expiratory sound scarcely discernible. Her bowels were constipated; skin moist; anorexia complete; expectoration very scanty; some headache; reclines upon the back. The pulse was 110 per minute, small and compressible; the respiratory act was so interrupted by the cough, that the number of respirations per minute could not be accurately determined: the average, however, amounted to about 35. Ordered cut cups to the left side posteriorly, and one of the following pills every hour: ℞. Calomel. gr. x; tart. emet. gr. iss; syr. simp. q. s. M. Div. in pil. viii.

27th. No material change. 28th. On this day the patient became worse, complaining of a heaviness in the præcordial region, and difficulty of drawing the breath. The action of the heart was confused and labored, giving to the pulse at the wrist an intermittent character. Upon applying the ear to the breast, an intense "bellows sound" was heard. The respiration in the diseased portion of the left lung was decidedly bronchial, and the percussion flat. It will be perceived from these symptoms that the pneumonia had passed from the first into the second stage, and also had become complicated with endocarditis, a complication not uncommon in frank pneumonia, and the intensity of which often masks entirely the original disease. *Prescription.* Cups to the præcordia. ℞. Potass. nitrat. gr. xl.; tinct. digitalis gtt. xlv.; aquæ f.℥jv. M. A table-spoonful every two hours.

This mixture was exhibited, with now and then an intermission, until March 2d, when it was entirely discontinued, and cut cups were again applied to the region of the heart. The action of the heart was more regular than on the day the cups were first applied, but the "bellows sound" still existed. There was no alteration in the inflamed lung, though the dyspnœa was not so urgent, nor the cough so harassing. The sputa were transparent, and so viscid that they would cling to the bottom of the vessel when it was turned down. Pulse 100, feeble; mouth dry, and tongue coated with a dark fur; patient somewhat deaf and very drowsy; bowels constipated. Blisters applied to the ankles, and one drop of oleum tiglii given internally. March 3. Croton oil acted copiously, and the cantharides plasters vesicated well, which relieved the drowsiness entirely, and patient says she feels more comfortable than usual. On the 4th there was a sudden change in her condition. She was extremely feeble; pulse soft, irritable, almost fluttering; respiration obstructed, and in the left lung, lower lobe, a harsh mucous rhonchus accompany-

ing the bronchial respiration; cough very frequent, and expectoration abundantly purulent. I ordered a decoction of senega and infusion of serpentaria combined, and exhibited in doses of a wine-glassful every hour. Under this treatment the patient rallied, and continued to expectorate with considerable ease until about noon on the 5th, when the influence of the remedy seemed to be lost, and the depression of the vital powers was again approaching. Wine whey was now exhibited, but it only accelerated the pulse without adding to its volume or increasing the patient's strength. As a dernier ressort, I now prescribed the iodide of potassium, in the same dose and in the same manner as prescribed in the case of John Fisher, detailed above. In twenty-four hours from this time there was an evident improvement in the condition of the patient. She was stronger; the pulse was fuller and stronger, and the expectoration much more easily performed. This treatment was continued, and the appetite returning in three or four days, a nourishing diet was directed to be taken, and the patient was perfectly well on the 17th of March, with the exception of slight cough, and a roughness of the first sound of the heart. The roughness still exists, after the lapse of more than a year, and as it is probably dependant upon thickening of the aortic semilunar valves, it may remain for some time to come. The patient, however, in other respects has enjoyed perfect health up to this time.

Case III.—The subject of this case is Mrs. B——, wife of the sexton of St. Paul's Church. She was taken sick about the middle of April, 1844, but owing to my absence from the city at that time, I did not see her until the 25th. From the account she gave of her situation, she had been labouring under pneumonia of the lower lobe of the right lung, which was ushered in by the usual symptoms of chill, fever, cough and oppression of respiration. She had taken only a cathartic of senna and manna, and drunk copiously of flaxseed tea. The following were her symptoms at my first visit: Pulse 95, and feeble; respiration somewhat difficult; expectoration abundant, and consists of pus floating in a glairy mucus; no appetite; bowels opened regularly once a day. *Physical signs.*—Percussion clear throughout both lungs, except over the lower lobe of the right, where it is perfectly flat. Respiration over this lobe intensely bronchial, with crackling and submucous rhonchus. I ordered a blister to the diseased portion of the right lung, and the iodide of potassium internally, as I had heretofore prescribed it. It is useless to pursue the details of the case further. Suffice it to say, that every symptom of disease was rapidly ameliorated, and the patient in

ten days returned to her household duties. She has been perfectly well since that time.

Remarks. As stated in my first communication on this subject, I do not attempt to explain the *rationale* of this mode of treating the suppurative stage of pneumonia. It suggested itself, in the first instance, when every other treatment had proved abortive, and its prompt beneficial effect, in that case, recommended it in the management of similar cases which subsequently came under my notice. Iodine is certainly more rapidly alterative than any other therapeutic agent, and in addition to its alterative action, the experiments of Jörg, according to Dr. Dunglison, go to establish the fact that it produces a decidedly stimulant effect upon the respiratory organs. This stimulant impression is much needed in the suppurative stage of pneumonia—a period which is usually characterized by subsidence of inflammatory action, and great debility of the respiratory function. Lugol and Eager both observed, that the appetite and nutrition rapidly improved under the use of iodine and its preparations, an effect which is greatly to be desired towards the termination of so acute an affection as pneumonia. To conclude: if I were disposed to hazard a conjecture upon the *ratio medendi* of the iodide of potassium when administered in the third stage of pneumonia, I should say: 1. That it tends to promote the absorption of the coagulable lymph effused into the parenchyma of the lungs during the second stage, the breaking down of which lymph into pus serves to keep up the harassing cough and hectic irritability of the third stage, both of which are so often prolonged for a considerable time after all inflammatory action has ceased. 2. That it is directly stimulant to the lungs at a time when they most need a stimulus. And 3, that it invigorates the digestion and promotes nutrition, thereby rapidly restoring the enfeebled frame to the normal condition of health.

Norfolk, (*Va.*,) May 10th, 1845.

Notes of an Anomalous Case of Traumatic Tetanus, which terminated favourably. By Edward R. Squibb, M. D.

The following case was treated under the direction and superintendance of Professor Franklin Bache, to whom the writer is indebted for much valuable instruction, received at his hands. It occurred during the Professor's term of service in the Dispensary of the Jefferson Medical College, and possesses some interest, from its anomalous character and fortunate issue.

Joseph J., æt. 20, a short, thick set, muscular man, with brown hair, hazel eyes, and a florid, although not very full, countenance,

with firm and powerful muscles, and the brawny appearance of full health, which he has always enjoyed, although much exposed to cold and damp by his occupation,—that of a well digger—states, that he has often stood for hours with his feet in water, without any shirt on, and the water dripping on him from above, without any inconvenience in point of health. About the 6th of April, 1844, being engaged in walling a well, and having his attention called off by some one above him, he struck the ring finger of his left hand a heavy blow with his stone hammer, just upon the root of the nail. From this he experienced a great deal of pain during the day, but did not quit his work. In the evening, observing a quantity of blood collected under the nail, (the blow not having broken the skin or nail,) he went to a smith's shop and with a file made an opening in the nail, through which the blood escaped. Was considerably annoyed by pain in the finger and arm during the following day, after which, however, it appeared to get better very rapidly, and he soon ceased to regard the injury.

On Sunday, April 28th, 22 days after the occurrence of the accident, (his health and occupation having been as usual,) his attention was attracted by a stiffness in his jaws,—not being able to use them with the same facility, or to get a morsel of the usual size between them. There was no pain, but the ordinary relation between volition and execution was slightly disturbed,—the teeth not coming together with the same regularity of interval and effect as is usual in mastication. This difficulty increasing, called to his mind, what otherwise would have escaped notice, the circumstance of his having felt a strange sensation about his heart once or twice during the preceding 24 hours. The stiffness of the jaws continued to augment during the 29th, still unaccompanied by pain. On the 30th felt for the first time a pain in the middle of the breast, and stiffness in the back of the neck, it being now impossible for him to open his jaws to a distance of half an inch.

On the first of May the pain behind the sternum became more severe, and was accompanied by a board-like stiffness in the breast, feeling as though he was compressed between two immovable surfaces. During the day his respiration became implicated, and was irregular, as indicated by irregular jerking speech and misplaced pauses. At this time he began to feel the pain augment whilst speaking. Pain in the chest at times quite severe as evening approached.

Up to the close of the day the affection was confined entirely to the jaws, chest, and back of the neck. During this day he first applied for medical advice, having been well enough to walk several miles on the preceding day. A slight spasmodic

twitching of the head was observed; nothing to remark in the finger. Ordered to soak the finger well, and apply a laudanum poultice, and take a pill consisting of half a grain of ext. of belladonna with three grains of the powder of ipecac. and opium, (Dover's Powder,) every three hours. Has had a mustard plaster to his breast, and a ginger poultice to his jaws, without effect.

May 2d, 4 o'clock. Rigidity and spasmodic contraction extended, involving the lower extremities,—the upper remaining free,—head drawn far back without the ability to bend it forward; jaws nearly closed, say quarter of an inch apart; very much distressed by the stabbing pain, and weight in the chest; avoids speaking, as it gives pain and a sensation of something rising in the throat, which almost chokes him until he ceases; considerable twitching in the muscles not affected; a restless stretching out of the limbs, as in yawning, then flexing them again with the same slow steady motion; dull expression of countenance, and eyes half closed; slight aversion to, and difficulty in swallowing, sometimes getting morsels of fluid into his mouth and then ejecting them forcibly, with a hissing sound between his teeth, as if by a sudden strong contraction of the diaphragm; slight hardness and contraction of the muscles along the spine, giving to the body an inclination backward; has perspired pretty freely all day, particularly upon the forehead and chest; pulse regular and tolerably full, say 68; rest during the night pretty good; bowels costive.

Has applied the poultice as directed, but missed the pills once or twice on account of the difficulty in swallowing them. Ordered a rag wet with ol. tereb. to be applied under the poultice, and both to be frequently renewed. Take 30 drops of laudanum every hour, until the spasm abates, or the pain is relieved. Diet of mush and milk, made thin.

May 3d, 10 o'clock. Rested tolerably; cannot walk without support, owing to increasing stiffness in his legs. Muscles on the back and back of the neck rigid and board-like; those of the lower extremities, particularly on the back of the thigh, becoming hardened, but not much contracted; pain in the chest unabated; jaws stationary as at last visit; difficulty in swallowing not increased; distressing difficulty in breathing at times; pulse as at last visit; bowels constipated; skin quite moist, and moderately warm. Ordered round blisters six inches in diameter to the epigastrium, an opium pill (one grain) every two hours, until the pain abates, or a disposition to sleep supervenes; also ten grains of calomel at once.

6 o'clock. Slight abatement of the distressing pain, but the rigidity of the muscles (upper extremities excepted) still increasing; body bending still farther backwards; jaws nearly closed,

having been at one time entirely shut, but by frictions with turpentine have become very slightly separated again; has had some spasms, lasting for a few moments, in which the body was gradually bent back to a considerable extent, and then gradually relaxed to its former slightly curved position, each contraction being accompanied by great pain. Directed treatment to be continued.

4th, 9 o'clock. Spasms not so frequent this morning as during the night, when he had several, in one of which he was nearly thrown out of bed, from its having occurred whilst lying upon his back, with pillows under his back and shoulders. Rigidity or tonic contraction increased, insomuch that the trunk and lower extremities are immovable, except when arched backwards by the spasm; has slight strangury, with griping pains in the stomach; nausea; no alvine evacuation; jaws much the same; pulse 96, softer than before; respiration more easy; skin moist; countenance somewhat sunken; slight mental depression.

Applied half grain sulph. of morphia to the blistered surface, and directed one drop of croton oil in pill, every three hours, until it operates, or until three shall have been taken, afterwards continuing the opium as before.

6 o'clock. Little change since last visit; pulse 92; no evacuation of bowels; perspiration free. Opium and poultices continued, the former increased to one pill every hour if the pains increase.

5th, 10 o'clock. Spasms increased in violence, although not quite so frequent. One occurred during the visit, which the attendant says was less severe than many which preceded it. In this the patient was gradually bent backward to an extent of about two-thirds of the circumference of a circle, and then as gradually relaxed to his previous position, the whole exacerbation occupying about 40 seconds, and accompanied with demonstrations of great pain. The segment of a circle formed by the body during the spasm was not regular, the lower extremities not bending at the knee joint, whilst the vertebral column was strongly bent. Rigidity of the muscles between the paroxysms much as before; jaws a little less rigid, allowing a partial view of the tongue, which appeared furred in the centre; pulse 88; respiration again more interfered with by spasmodic action of the diaphragm; expression of countenance anxious; no alvine evacuation. Directed an injection of salt and water; applied half grain sulph. of morphia to the blister, and continue opium, and poultices to the finger.

6½ o'clock. Has had five dejections, consisting of scybalæ; pains in abdomen somewhat relieved; spasms not quite so fre-

quent or extensive; muttering during sleep. Directed the intervals between the opium pills to be increased to four hours, recurring again if the symptoms should increase.

6th, 10 o'clock. Passed an uncomfortable night; troubled by nausea and bilious vomiting, which is very distressing, as nearly all the matter thrown off has to pass through his nose; fears that he shall die of strangulation if it returns; had three evacuations, dark coloured and watery; had pains all through his body in the night, between the spasms; pulse 76; anorexia; mental depression; and complains of pain in the occiput, from resting so much weight upon it when lying upon his back. Opium continued every two hours, with a little milk punch to correct the stomach.

6 o'clock. Much more comfortable, as the stomach is entirely settled; no recurrence of nausea; in other respects much the same; complains somewhat of exhaustion.

7th, 9 o'clock. Passed a very bad night; had several bad spasms towards morning, one of which was much worse than any preceding, and left him in a state of exhaustion, which the attendants mistook for death. According to the directions given for such a contingency, he took 30 drops of laudanum every hour for several hours, which finally seemed to allay the pain and spasm; pulse 92, smaller than usual; skin moist; and some disposition to drowsiness. Applied half grain sulph. of morphia to blister; suspend opium. Diet of ground rice.

5 o'clock. Feels better; countenance brighter; had one stool of a more natural character; spasms not so freequent; in other respects much the same. Applied half grain sulph. of morphia to the blister, still suspending opium.

8th, 8½ o'clock. Feels better, has taken no opium for 17 hours; has numbness and slight stiffness in the arms and hands for the first time; spasms much the same; jaws a little closer than at last visit; pulse 86, rather more full; is restless to some degree, moving without apparent cause. Resume opium every four hours.

5 o'clock. Much as at last visit, except that the skin is more dry, and the stiffness of the arms and hands not so marked.

9th, 9½ o'clock. Had a spasm during the night which seemed to the attendant like a fit; rigidity increased, the muscles feeling as though carved out of wood; pulse 80, and full; skin dry. Continue opium more freely, and diminish the diet.

5½ o'clock. Rigidity stationary; pulse full and hard; epistaxis; also a slight discharge of blood from the rectum; coughed up some clotted blood; spasms diminished in force and frequency; had three thin stools during the day. Venesection ℥x; opium at wider intervals; light diet.

10th, 10 o'clock. Rested tolerably well; no spasms of consequence through the night; rigidity much the same; pulse 82; skin dry; epistaxis. Continue opium at extended intervals; poultices to finger, and light diet.

6 o'clock. Had a spell of coughing, which brought away a quantity of clotted blood, being accompanied by a sense of choking. This was succeeded by severe pain in the chest and neck, for the relief of which he took two doses, of 25 drops each, of laudanum, which has somewhat stupified him for the first time; had two watery stools during the day. Directed one grain of calomel with the opium every four hours, continuing poultices and diet.

11th, 9 o'clock. Feels more comfortable; spasms very rare and slight; rested tolerably well; pulse 90, moderately full; respiration comparatively free; rigidity of muscles much the same; skin rather more moist; some diarrhœa, with tenesmus. Opium to be suspended. Calomel, diet and poultices continued.

6 o'clock. Not so well; complains of feverishness; dryness of mouth and throat, and some pain in the chest; pulse quicker and more frequent; respiration more hurried; wandering pains in the back; rigidity much as before. Opium resumed, calomel and poultices continued, extremities bathed with tepid water, and diet reduced.

12th, 10 o'clock. Feels badly; rested badly; rigidity increased, with slight twitchings; pulse 100, rather small; had two dark watery stools; skin dry; and complains much of dryness of mouth and throat. Continue calomel, opium, &c., using frictions with whiskey and cayenne pepper.

13th, 9 o'clock. Feels much the same; rigidity abated since the frictions; tendency to diarrhœa increasing; pulse 102, small; respiration slightly hurried. Continue treatment.

6 o'clock. Not much change; diarrhœa increasing. Directed an ounce of castor oil. Calomel and opium to be stopped until it has operated.

14th, 2 o'clock. Diarrhœa checked; pulse 90; in other respects much the same. Directed an oval blister 3 by 6, lengthwise to the top of the spinal column, to be dressed with mercurial ointment. Calomel and opium resumed.

15th, 9 o'clock. Complains of debility, and dryness of the mouth and throat. Pulse 110, small; respiration hurried; skin dry; anorexia; rigidity as before. Directed ten drops of oil of turpentine every three hours, in emulsion. Calomel continued, opium diminished.

16th, 9 o'clock. Slept heavily all night, with his eyes half closed—towards morning muttering delirium; pulse 125, small; respiration suspicious, with a long double breath at intervals of a minute or two; had five black watery dejections since last

visit; skin moist and clammy; rigidity notably abated; complains of great prostration; disinclination to speak or answer questions, allowing some time to elapse before answering, as though in deep thought; marked hollowness of countenance and emaciation; lies perfectly still, except when touched, when he starts; even the hand laid on the outside of the bed-clothes goes through him like an electric shock, as he expresses it. Continue emulsion and calomel as before, reducing opium to one pill every 6 hours. A little milk punch, with diet.

5½ o'clock. Much better; rigidity abated; wet from head to foot by profuse perspiration, all the bed clothing for many inches around him being saturated with sweat; pulse 135; respiration hurried; diarrhœa checked. Suspend opium until next visit. Continue the remainder.

17th, 9½ o'clock. Much better, and sleeping very quietly; pulse 132; respiration easy and regular; skin very moist; appetite better than for some time; rested tolerably well, but sweats a great deal. Treat by last directions.

6 o'clock. Seems much better; countenance clear; jaws and muscles generally relaxing somewhat; has slight command over his legs; relaxation in neck and back to such an extent as to allow him to assume a half sitting posture; no diarrhœa or pain in the chest since last visit; pulse 130; tongue coated with brown fur; skin quite moist; countenance cheerful. Continue as before, changing the punch for egg nogg, and bathing the extremities in tepid water.

18th, 9½ o'clock. Still continues to get better. Suffers himself to be brought into a sitting posture without pain; can use his lower extremities better; rested comfortably; pulse 132; respiration easy; skin moist; tongue not so much loaded, and better in colour. Continue treatment.

5½ o'clock. Found him propped into a sitting posture, relaxation having taken place to a great extent; pulse 132; skin moist; had two dejections, hard, bloody, and accompanied with tenesmus and prolapsion of the rectum; respiration hurried; every few minutes draws a deep breath or sigh, in which all the respiratory muscles are brought into action; complains much of dryness of the mouth and throat; has lost his memory in great measure, forgetting from one hour to another what transpires. Continue treatment, except the opium.

19th, 9 o'clock. Complains very much of griping pains in his bowels, which were so bad in the night that he took 40 drops of laudanum, from which he obtained relief. Has had three stools this morning, of hard matters, accompanied with some blood and distressing tenesmus; pulse 120; respiration hurried, but more regular; skin moist; tongue covered in the centre by a cinnamon coloured fur; has an abrasion on the sacrum from the

use of the bed pan. Continue the turpentine emulsion and diet. 4½ o'clock. Feels better; dejections not so frequent; countenance sunken; pulse 130; muscles still relaxing; can move himself in any direction. One ounce of castor oil, and continue the emulsion.

20th, 12 o'clock. Appears to be improving in every respect; had four dejections during the night, accompanied with little pain. Has been out of bed this morning and sat upon a chair; indicates an almost natural condition of the muscles; can open his jaws to the extent of an inch or more; respiration easy and regular, although frequent; pulse 120; skin quite moist; answers more promptly and remembers better. Directed a small quantity of flaxseed mucilage and lard to be thrown into the rectum, and emulsion and diet continued.

21st, 9 o'clock. Found patient sitting up, on a chair, eating his breakfast, being now able to masticate his food almost as usual. Had two dejections yesterday, and one this morning, the latter being of a dark chocolate colour, about the consistence of gruel, with old clots of blood through it; pulse 122; tongue tolerably clean; skin moist, though drier than usual; respiration regular, and scarcely more frequent than natural; has no pain, except at some of the stools, when he complains slightly. Directed mucilaginous injection, which has been neglected.

At this time the patient passed from under the writer's notice. He has since been assured, however, from the patient himself, through one of his friends, that the recovery progressed to the establishment of perfect health, without further obstruction.

Winter Climate of St. Mary's. By Alfred Cook, M. D., of Delphi, Onondagua Co., New York. Communicated by Professor Dunglison.

[The Author of the following notice, in consequence of the state of his health, was recommended by Dr. Dunglison to pass the winter months in the southern part of the United States. Although he returned earlier than was advisable, his condition has unquestionably been benefited by his residence there. For the advantage of others, he has furnished his impressions in regard to the place, which he chose for his winter retreat. St. Mary's is situate on the Georgia side of the river of the same name. Lat. 30°, 42′: Long. 4°, 48′ W. from Washington.]

I arrived here on the 15th of Nov., 1844, and being pleased with the situation of the place, concluded to make it my residence for a few days at least. I selected for a boarding house, an extensive well built establishment, with a large piazza in front and

rear, and an extensive orange grove in the back ground, with elegant walks through it, protected by hedges, which have made it a very agreeable place through the winter for invalids to exercise in in unpleasant weather.

St. Mary's is pleasantly situated on St. Mary's river, about twelve miles from the ocean, and is well laid out. The streets are broad and intersect at right angles. The walks are generally pleasant, being covered with grass, which indicates that it is not a place of much business, and such is the fact. It contains a population of some two hundred white inhabitants, but there is a great lack of industry. The country around is a sandy plain, covered with yellow pine, oak and palmetto, with occasionally a settler. It is said to be very healthy, no case of fever having originated here for several years. Many of the inhabitants own plantations at a distance, but have selected this as a residence for their families.

The place has a supply of good water, which is said to be impregnated with iron. There are also sulphur springs in the vicinity.

Our diet has been principally fish, oysters, fowls, beef, pork, and vegetables of almost all kinds, either raised here, or brought from the north. Oysters and fish are plentiful, and many of the inhabitants subsist almost entirely on them; but, notwithstanding there is a great variety of food, the market is very irregular. Sometimes for days you cannot obtain the articles you wish, and you are compelled to eat what is set before you, which is none of the best. This, however, is universally the case south of Savannah; and although you pay from $17.00 to $25.00 per month for board, it is not good; and I think there are inducements for the establishment of good houses. The facilities for reaching St. Mary's are good, as two steam boats run between Savannah and Pulatki by the way of St. Mary's, weekly.

The climate of St. Mary's is better than I anticipated. It is midway between hot and cold;—not so warm as to be debilitating, nor so cold as to prevent exercise. In the summer, it is said to be the most agreeable residence in the South, on account of the gentle sea breeze which springs up about ten o'clock. This I enjoyed for a few days after my arrival; and then, in the evening, a breeze sets in from the land, making the nights comfortable in this warm region. But that which most delighted me in the climate, was the great amount of pleasant sunshine, which far exceeded my anticipation.

I formerly supposed that their winters here were very damp and rainy; but this has not been the case during the present winter, and I am told by physicians and other inhabitants of the place that this is never the case. There have been—as will be seen by the annexed table—but very few rainy days during the winter. Generally the storm commences in the night, and clear

up in the morning; but, a few times, the storm has continued longer. All the rain, however, that fell during the winter, would not more than thoroughly wet the ground in a dry time at the north. Although there has been much north-easterly wind during the winter, it was not severe until March, which was much the most unpleasant month;—the wind being north-east much of the time, and blowing briskly.

The following table shows the state of the weather from the first of January to the tenth of March:

Jan.	Ther. at 8 A.M.	Wind.	Pleasant fair days	Ther. at 1 P.M.	Ther. at 6 P.M.
1	52	W.	P.	70	64
2	52	W.	P.	75	65
3	54	N. E.	P.	76	66
4	54	N.W.	P.	72	66
5	60	N. E.	P.	75	70
6	66	W.		76	66
7	60	W.		66	62
8	48	W.	P.	62	50
9	40	W.	P.	63	52
10	45	N. E.	P.	70	66
11	56	S.W.	P.	66	52
12	50	W.	P.	56	52
13	42	W.	P.	64	62
14	52	W.	P.	68	56
15	56	N. E.	P.	68	62
16	60	N. E.	P.	76	78
17	66	W.	P.	76	72
18	68	S.W.		70	68
19	59	N. E.	P.	56	52
20	46	E.		54	50
21	50	W.	P.	60	60
22	48	N.W.	P.	56	54
23	62	E.		66	64
24	62	W.		68	62
25	42	W.	P.	54	52
26	38	W.	P.	68	61
27	38	W.	P.	68	58
28	42	N. E.	P.	72	62
29	54	W.	P.	60	58
30	45	N.	P.	65	58
31	42	N.W.	P.	60	52

Feb.	Ther. at 8 A.M.	Wind.	Pleasant fair days.	Ther. at 1 P.M	Ther at 6 P.M.
1	44	W.	P.	68	62
2	52	W.	P.	54	48
3	50	N. E.		68	62
4	58	W.		56	48
5	38	W.	P.	50	44
6	34	W.	P.	54	46
7	40	N.W.	P.	60	56
8	40	W.	P.	64	62
9	48	W.	P.	66	60
10	46	W.	P.	68	60
11	46	W.	P.	72	64
12	58	W.	P.	74	70
13	59	W.	P.	74	70
14	58	E.		75	70
15	69	S.W.	P.	75	74
16	50	W.	P.	63	60
17	46	W.	P.	60	64
18	50	E.	P.	76	68
19	52	W.	P.	74	64
20	58	E.	P.	78	65
21	64	N. E.	P.	81	70
22	66	E.	P.	80	74
23	70	S.W.	P.	78	70
24	64	W.	P.	71	64
25	50	N.	P.	72	64
26	50	W.	P.	73	64
27	52	W.	P.	72	60
28	46	W.	P.	64	55
March.					
1	43	N. E.	P.	70	60
2	64	E.	P.	78	58
3	69	S.E.		82	70
4	69	S.	P.	80	70
5	66	S.W.	P.	76	69
6	54	N. E.	P.	75	64
7	62	N. E.	P.	76	70
8	68	S.	P.	85	71
9	70	S.		84	72
10	71	S.W.	P.	86	68

It will be seen by the above table, that there were few days in which exercise could not be taken in the open air.

CLINICAL LECTURES AND REPORTS.

PHILADELPHIA HOSPITAL.

Saturday, January 25, 1845.

CLINIC OF PROFESSOR DUNGLISON.

Reported by Dr. Samuel G. White, of Georgia.

Professor Dunglison commenced his lecture with some observations on

DISEASES OF THE NERVOUS SYSTEM,

its physiology having been considered by him during the week in the Jefferson Medical College.

The first case, to which the attention of the class was directed, was that of a female suffering from the effects of

RAMOLLISSEMENT OF THE BRAIN AND CONSEQUENT HEMORRHAGE,

who has been in the Hospital for a great length of time, and was seen by the class of last session on several occasions.

This disease—softening of the encephalic neurine—has only been investigated within the present century, prior to which it seems to have been unknown. About the year 1820, and subsequently, several treatises appeared, since which the subject has continued to occupy the attention of medical observers.

The diagnosis of this affection is by no means always easy, though it is often characterised by marked phenomena. In its commencement there is generally an intense fixed local pain, various in its seat, but mostly frontal, which does not yield to ordinary treatment. This continues for a length of time and may then disappear. When the softening has occurred, there is more or less disturbance of the intellectual faculties, with loss or depravation of sensation and motion. Sometimes these disturbances exist in a marked degree, and constitute the main expressions of the disease.

We can readily comprehend how sensation and motion, and the intellectual and moral manifestations, may be influenced by disease situate in the cerebral hemispheres--which are most commonly involved in ramollissement of the neurine—when it is remembered that the sensory and motor tracts of the spinal column are prolonged upwards to the periphery of the brain, and that the cerebrum is the seat of the mental faculties. The

loss of sensation and motion may be incomplete or complete, according to the seat and extent of the injury. Sometimes sensation is morbidly increased, constituting *hyperæsthesia*, and, at others, totally destroyed, constituting *anæsthesia*. The degree to which the mental faculties are disturbed is also various. Every intellectual or moral act may be suspended, or the individual may be able to commence a sentence, but not to complete it. There is very often, indeed, incapability of concentrating the mind on any subject.

A recent writer—Durand Fardel—affirms, that the convolutions of the cerebrum are, in the majority of instances, the seat of softening, but it often implicates other portions of the encephalon.

From the decussation of the fibres of the medulla spinalis at the medulla oblongata, in their course to the brain, there is generally a cross effect produced—the side opposite that on which the disease is located being affected with loss of power. If, however, the disease attacks parts below the point at which this decussation takes place, the same side may be paralysed.

The professor here alluded to a case on which he had been recently consulted, and which, from the mental disturbance, the depravation of the senses and of motion, he had no hesitation in pronouncing it to be one of softening of the cerebral neurine. Whenever, indeed, the symptoms already mentioned exist, without any other cause to which they may be referable, we may be justified in the presumption, that they are expressions of the disease under consideration.

Should this softened condition of the brain remain for any length of time—which is usually the case—a transudation of blood is apt to occur, owing to the diminished support afforded to the vessels by the softened encephalic tissue. Wherever blood vessels pass through parts of little consistency, and are therefore feebly supported, hyperæmia and consequent hemorrhage is apt to supervene This is the case with the vessels of the schneiderian membrane of the nose, and it accounts for the frequent occurrence of epistaxis in plethoric persons, after slight exercise, as well as in those who, from malarious or other influence, are liable to irregularities in the circulatory movements. Should this transudation take place in the substance of the brain, we have all the phenomena of hemiplegia, which is thus a common result of encephalic softening.

In the patient—presented by the lecturer before the class—after the symptoms of softening had persisted for some time, great deviation of the eyes occurred; and the class would observe that she is at present affected with considerable strabismus. This, the professor thought, is dependent on the disease implicat-

ing the optic lobes or tubercula quadrigemina. Formerly, it would have been referred exclusively to the thalami nervorum opticorum, under the view once entertained that those bodies are the origin of the nerves of sight. This condition of the eyes was followed by paralysis of one side of the body, whence it was inferred, that encephalic hemorrhage had taken place, although it might have been owing to extension of the softening. Occurring suddenly, however, the paralysis was more probably dependent upon sanguineous transudation. She has had several attacks of this kind, doubtless arising from the weakened condition of the blood vessels, and want of support, in the manner already mentioned. At present there is complete paralysis of the right arm and leg, but the sensation remains intact. The incapability of transmitting, through volition, the locomotive influx to the muscles, is complete. This, consequently, is a case of disease affecting the motor nerves alone, the sensory remaining undisturbed. Her voice is greatly altered, and a deviation of the axis of the eyes, which, as before remarked, still exists, was previously much more considerable. In this, as in almost all cases of a similar character, there is torpor of those functions that are executed not under the immediate influence of the brain, but rather of the spinal column. The organic functions, in general, are not imperfectly performed; but there is obstinate constipation, which is but little influenced by any remedy. This, indeed, constitutes a great difficulty in the treatment.

Another phenomenon of interest is a great increase in the salivary secretion, whenever the constipation is most marked. It collects in the mouth, and, owing to the torpor of the different nerves, it is not swallowed as it accumulates, but flows out of the mouth in considerable quantity.

As to the precise pathology of ramollissement of the brain, there is discrepancy of opinion. It is referred by some to inflammation of the neurine; but the lecturer thinks this is not always present, and, when it is, it is probably almost always chronic. He thinks that, independently of inflammatory action, there may be an alteration in the nutrition of the part, which may modify the consistence in such a manner as to give rise to softening.

The treatment of the affection is by no means satisfactory. In the vast majority of instances nothing can be done, and the individual goes on from bad to worse, until death terminates the scene. Still, cases do recover, and in every case we are called upon to prescribe according to the indications. Should symptoms of inflammation or hyperæmia of the brain exist, cups may be applied to the back of the neck; or other revellents, as blisters, may be used in the same situation.

But manifestly these can be of little, if any, benefit when the disease has proceeded to the disorganization of the neurine. In such case we are compelled to treat the symptoms as they arise. If any good is to be accomplished, it must be by a modification of nutrition, which time and the instinctive actions can alone accomplish. The prognosis is in all cases unfavourable,—the patient rarely recovering. The female, whose case is under consideration, the lecturer thinks, will gradually — perhaps suddenly—proceed from worse to worse, and finally die. It is strange, indeed, that she has survived so long.

The next patient brought before the class was affected with an analogous lesion, and was introduced to exhibit the marked effects of CEREBRAL HEMORRHAGE. It was that of a female, almost 30 years of age, labouring under

HEMIPLEGIA.

Generally, hemiplegia is observed in the adult or aged, but sometimes young persons are attacked with it. It seems to be influenced by atmospheric temperature, as it is more common in climates where the temperature is elevated. In British India, young Europeans are not unfrequently destroyed by it, or compelled to return to their native country, to drag on a burthensome existence. Yet in other countries, where the temperature is equally high, it is not as often seen, and hence there seems to be something in the locality also that predisposes to it, but what this is has not been, as yet, ascertained.

Hemiplegia is generally employed to denote the paralysis resulting from cerebral hemorrhage. Apoplexy, also, is often used in the same sense as cerebral hemorrhage, but this is objectionable, inasmuch as the aggregate of symptoms denoting apoplexy may be produced by hyperæmia, or by pressure of any kind on the encephalon. The term apoplexy, indeed, as usually employed, denotes an aggregate of functional phenomena, not any special lesion. Of late years, however, it has been more employed in the sense of interstitial hemorrhage, and hence we have apoplexy of the brain, apoplexy of the lungs, &c. &c.

The professor here alluded to the practice, too prevalent—and yet at times unavoidable—of applying names to symptoms rather than to the diseased condition. This is the case, as just stated, in regard to apoplexy. It is so termed because the patient falls down. But, manifestly, this falling down—as just shown—may be dependent on a variety of causes. The same may be said of the terms indigestion and constipation, so often employed. They might, with great propriety, be abolished altogether, as they constitute nothing more than expressions of dis-

ease; simple statements of the fact, that the individual has impaired digestion or confined bowels. They may be expressions of the most opposite organic or functional conditions. Again, it is a great error to dwell on effects, to the neglect of causes. In every instance, where this is practicable, the pathological state that gives rise to any phenomenon should be determined, as on a correct knowledge of this can proper treatment alone be based. At times, however, there is great difficulty in discovering the pathology; and the disease is named from the most characteristic or prominent symptom or symptoms. This is especially the case with the numerous class of the neuroses—and hence we have the terms palsy, tremors, tetanus, hydrophobia, hysteria, &c., which could not be abolished without great confusion resulting. In our ignorance, indeed, of the pathological aberration they are indispensable. The lecturer referred, in terms of commendation, to some recent remarks on "Diseases and Symptoms," contained in the Saint Louis Medical and Surgical Journal for December 1, 1844, by a former intelligent and zealous resident physician of this Institution—Dr. McPheeters—now practising his profession in Saint Louis, and one of the Editors of the Journal referred to.

In most cases of hemiplegia, there is the cross effect before alluded to. It would not appear, that the whole of the fibres of the medulla spinalis decussate, but the majority of them certainly do. Hence we can understand that, in some rare cases, there may be paralysis of the same side, owing, no doubt, to the lesion implicating only the non-decussating fibres.

The seat of cerebral hemorrhage is very various; but generally in, or on a level with, the corpora striata, or thalami nervorum opticorum. Sometimes, it occurs on one side of the medulla oblongata, and the professor narrated a case, in which he had been recently consulted, where he believed this to be its seat. The patient, whilst walking in the street, discovered that he had some difficulty in directing his motions properly, and was so vertiginous, that he was compelled to stop and support himself on a projection in the street. He recovered so as to proceed home; but from the first almost entirely lost the sense of hearing of one ear. The next day he was attacked with violent disturbance of the stomach, which passed off; but the loss of hearing continues, although not to the same extent. The lecturer gave it as his opinion, that some lesion had occurred on one side of the medulla oblongata, near the roots of the pneumogastric and auditory nerves. In this case, there would necessarily be no cross effect.

When the cerebellum is the seat of the hemorrhage, the paralysis is usually on the side opposite to the lesion; but it also may be on the same side.

In the case of the female before the class, the attack was preceded, as usual, by giddiness, which was soon followed by entire loss of motion over the extremities of one side. There was no apoplectic seizure. She has much improved, but there is still great difficulty in locomotion. There was also loss of sensation in the affected parts, which has nearly disappeared. She has had one or two returns of the cerebral hemorrhage—"paralytic strokes," as they are usually termed—though none very recently.

There is one point connected with the therapeutics of such cases, which the lecturer particularly desired the class to remember. He remarked, that it was customary—whenever an individual suddenly falls down deprived of sensation—for the bystanders to call for the lancet; and too frequently, in such cases, the physician yields to their solicitations, to the detriment of his patient. In many hemiplegic cases it is obvious that mischief may result from this course. When hemorrhage first occurs, the effect on the constitution is similar to that of concussion; a "shock" is communicated to the brain, and the person is in a state of depression, rather than of excitement. After this has passed off, symptoms of an opposite condition, or of compression, present themselves. In the stage of concussion, venesection can scarcely fail to prove injurious, and may be fatal. The indication is to establish reaction, which may be accomplished by gentle stimuli, frictions, revellents, &c. As soon as this is effected, or the evidences of compression appear, we have to decide as to the degree to which blood letting may be carried with propriety. The object to be attained by this means is twofold,—first, to diminish the amount of blood and the activity of the circulation, and thus to prevent further effusion; and secondly, to promote the removal, by absorption, of the fluid already effused. During the apoplectic seizure, should general bleeding be deemed necessary, it may be aided by topical blood-letting by cups to the nape of the neck or the temples, elevating the head, and making a revellent impression by the application of cold to the head, sinapisms to the extremities, turpentine enemata, &c. &c. When the apoplexy—so called—has passed away, and the paralysis remains, we have recourse to other means, which are, however, for the most part of limited agency. If the pathology, indeed, be borne in mind we may understand how little can be effected by any remedy. Blood is effused into the brain, and its neurine is compressed; the clot remains; but soon a serous membrane is formed around it, which secretes a fluid; the clot thus becomes softened and absorbed, leaving a cell—the "apoplectic cell"—which is at once the evidence of previous extravasation and subsequent absorption. What remedy can promote the removal of this clot, or cell? The

professor remarked, that after long experience, he is compelled to say that, in the majority of cases, nothing essential can be done. The case must be left to the natural recuperative powers. There is no agent that can restore the lost nervous matter,—nothing the consequent loss of nervous power.

In confirmed cases of hemiplegia, strychnia, which is a tetanic or excitant of the nervous system, and especially perhaps of the excito-motory or reflex portion, has often been prescribed. But it should be remembered, that this potent article, by the stimulation it is capable of inducing, may do harm, and give occasion to a recurrence of the hemorrhage; and hence, in all cases of encephalic paralysis, great care should be had in its employment. In all local palsies and those dependent on lesions of the spinal marrow—as paraplegia—it is of more benefit, and the same dangers do not attend its administration. It may be used either internally, or endermically.

Besides the use of this article, recourse may be had to frictions, electricity, &c., to the paralysed limbs. But it need scarcely be said, that little or no good can result from exciting the sentient or terminal extremities of the nerves, for the removal of the encephalic affection. The seat of the lesion is manifestly beyond our reach. They are safe agents, however, and if no good results, certainly they can do no harm. Much injury may, however, be done by the employment of powerful counter-irritants, as Granville's lotion, &c. The sensibility of the surface is diminished, and its power of resisting morbid influences also lessened, so that vesication or gangrene more readily supervenes on the application of powerful local excitants.

In all these cases it is, perhaps, best to rely on the instinctive powers, treating only the most prominent symptoms as they arise. In process of time the effused fluid is absorbed, and more power is gained over the paralysed muscles. In too many cases, however, the muscles can never be effectively employed, and a fresh recurrence of the cerebral hemorrhage renders the individual still more helpless, or closes his unhappy existence.

The professor now alluded to a case of the affection described in a previous lecture, under the head of

JERKING RESPIRATION,

which he then stated to be an important sign of tuberculosis. The subject of the present case, in which it was very marked, died, not, however, of the pulmonary disease, but of another affection, and tubercles were found to exist in considerable numbers, thus confirming the diagnosis. The specimen was accidentally thrown away during the unavoidable absence of the lecturer,

from indisposition, and he had consequently no opportunity of exhibiting it to the class. He was indebted to Dr. Farquharson, one of the resident physicians to the wards, for the report of it. In addition to this condition of the lung, a tumour existed in the abdomen of the patient, immediately above the pubis, which, during life, was not manifested by any marked phenomena, although she died under symptoms of abdominal irritation. There was, towards the close, difficulty of respiration, but no acute suffering of any kind. The tumour, which occupied the inferior portion of the abdomen, was adherent to the parietes. The cavity of the peritoneum contained about a pint and a half of semi-purulent fluid, mingled with fæcal matter, which could also be expressed from an opening in the tumour. The large intestine was perforated in several places, the openings round, and of a dark red colour. From these the fæcal matter had manifestly escaped. Both the large and small intestines were adherent to the sides of the tumour, though distinct from it. On opening the tumour it was found to contain a hard nucleus about three inches in diameter, which was separated from the mass by soft tenacious matter, and a quantity of fæces. This nucleus consisted of a firm white homogeneous substance, composed principally of calcareous matter mixed with a soft mass. The uterus was somewhat enlarged, and a firm tumour, about three-quarters of an inch in diameter, was attached to its exterior, beneath the peritoneal reflection, moveable and fibrous in structure. The augmented volume of the organ was dependent on the existence of a fibrous tumour, having a broad base attached to one of the angles, and about the size of an egg. The lining membrane of the uterus was congested, but this was probably hypostatic.

The principal interest of this specimen consisted in the small amount of irritation excited by the presence of the diseased mass and fæcal effusion in the abdomen; and the case was strikingly confirmatory of the views inculcated at the last clinical lecture, in regard to the obscurity of many cases of chronic peritonitis.

The lecture was concluded by the exhibition of some interesting

PATHOLOGICAL SPECIMENS,

from a female who died in the syphilitic wards.

Her death was rather sudden, and could be traced to no certain cause. It became, therefore, an important inquiry to determine it.

The lungs were found loaded with miliary tubercles, but there

was no evidence during life of tuberculosis of the lung. Percussion—practised before the class—gave a duller sound than natural. It may seem strange, that the presence of so many tubercles should have excited so little irritation during life, yet we know that such is not unfrequently the case. The lecturer has seen the lungs most extensively studded with calcareous deposits, where not the slightest evidence had existed during life of any pulmonary lesion. It is certain that in the present case the condition of the lungs could not account for death. The heart presented nothing abnormous.

Before death, blood, the amount of which could not be estimated, was passed from the rectum, and a still greater quantity was discharged afterwards.

The cavity of the rectum communicated by ulcerated openings—probably syphilitic—with that of the vagina.

The lecturer remarked, that there seemed to be no assignable cause for death, unless the amount of hemorrhage was sufficient to produce it, which scarcely seemed probable. It is possible, indeed, that the fatal event might have occurred from syncope, and that in the diseased condition of the patient, the heart was unable to resume its action. At times, mercurial erethism induces a fatal result, but, although she was affected with syphilis, no mercury had been administered.

He referred to a case that fell under his cognizance, in which death occurred from the simple application of the unguentum hydrargyri oxidi rubri to eczema rubrum of the leg. The patient, whilst sitting up in bed, under mental emotion, became faint, fell back, and expired suddenly. The body was examined, and as no evident cause of death existed, it was presumed to have occurred from mercurial erethism. Many similar cases have been described by Mr. Pearson and others.

BIBLIOGRAPHICAL NOTICES.

SYDENHAM SOCIETY. *The seven books of Paulus Ægineta. Translated from the Greek, with a Commentary embracing a complete view of the knowledge possessed by the Greeks, Romans, and Arabians on all subjects connected with Medicine and Surgery.* By FRANCIS ADAMS. In three volumes. Vol. I., 8vo. pp. 683; London, 1844.

SYDENHAM SOCIETY. *Observations on Aneurism, selected from the Works of the Principal writers on the Disease, from the earliest periods to the close of the last century.* Translated and edited by JOHN E. ERICHSEN, Lecturer on General Anatomy and Physiology, at the Westminster Hospital. 8vo., pp. 524; London, 1844.

These are the two first publications of the Sydenham Society for the year 1844—the work of Paulus of Ægina being itself fully worth the whole year's subscription. Were it, indeed, published in the ordinary manner by booksellers, it could scarcely be afforded for *five dollars*. Yet, for this trifling sum, three elegant volumes, beautifully got up, and learnedly edited, are furnished to the members or subscribers. Were the advantages of the Society more fully known, it could not fail to be most extensively patronised. Already, indeed, its members amount to about 2000, which places at the disposal of the Council the sum of 2000 guineas annually, or upwards of 10,000 dollars, to be expended on the publication of such works as they may deem most advisable, consistently with the objects for which the Society was instituted.

Although it is highly interesting to be well acquainted with the productions of so distinguished a writer as Paulus, the volume before us—as its title indicates—is not confined to a mere exposition of his opinions. Its great value, indeed, consists in its containing a learned commentary by Mr. Adams on the knowledge possessed by the ancients of the various subjects

canvassed by Paulus; and hence it becomes a valuable book of reference upon numerous topics of medical history.

"I am sensible," says Mr. Adams, "that it is to the growing conviction in the profession of the value of ancient authorities, that I owe the very flattering distinction which my work has now obtained; and I shall have great satisfaction in reverting to the labours of former years, if they should now prove instrumental in increasing the desire of becoming acquainted with the views and practice of our forefathers. That the ancient literature of medicine has been too much neglected in this country is not disputed by any competent judge; and it would appear from the remarks of M. Hecker, in his address to the physicians of Germany, given in his admirable work on Epidemics, (Dr. Babington's Translation; Sydenham edition, p. 15,) that the profession on the continent is not much in advance of us in this respect." p. vi.

It may be remarked, that in the year 1834 Mr. Adams published the first three books of Paulus, with a commentary; but, "notwithstanding the very favourable reception which that volume obtained from many of the most eminent members of the medical profession, as well as from scholars, both at home and abroad," he was under the necessity of deviating from his original intention of completing the production of the work in the same form, and at his own risk; and it is one of the characteristic merits of the Sydenham Society, that it undertakes works of eminent worth and rare interest, which would, notwithstanding these qualities, prove unprofitable as mercantile speculations, to both author and publisher. In regard to ancient medical literature, the idea is too prevalent that it merely instructs us in opinions which have long passed away, and that its study leads to no practical information. The *cui bono* is ever a miserable argument; but in the present case more than usually so; for, as Mr. Adams has remarked, "what renders ancient medical literature of the more importance at the present day, is the circumstance that it is almost our only source of information, with regard to the diseases prevalent in several extensive countries bordering upon the Mediterranean Sea. It is well known that the inhabitants of Greece, of Asia Minor, and of the north coast

of Africa, have been long sunk into such a state of intellectual decrepitude, as renders them incapable of making and recording original observations; consequently, for information in regard to the phenomena of disease, as manifested in these regions, we are almost entirely thrown back upon the literature of their ancestors." p. vii.

Two more volumes will be required to complete the work.

The volume on Aneurisms is "got up" in the same admirable style as its precursors, but we doubt whether the selection will give as much, or as general, satisfaction as they did. It is but comparatively of late years, that the pathology and therapeutics of aneurismal affections have been well comprehended, and it is little more than a matter of curiosity for us to inquire into the opinions formerly indulged in on those subjects. Certainly our therapeutical knowledge cannot be augmented by it. Mr. Erichsen has given extracts from systematic works, commencing with those of Galen, and the first memoir selected bears the date of 1681. The selections are not brought down later than the close of the last century, "as it was thought, that most works of any importance, that have appeared since then, would probably be either in the possession, or within the reach of the greater number of the members of the Society; and, moreover, that it was desirable to avoid the invidious and delicate task of making extracts from, or of reprinting, the works of living authors. The Bibliography contains a reference to all memoirs and detached essays of any value, that have been published on the subject of aneurism within the period to which the work is confined. Those detached cases, also, that are of more than usual interest, are included in it. The volume is divided into three parts. The *first* containing those memoirs and extracts that relate more particularly to the symptoms, causes, and pathology of aneurism; the *second*, those that refer to the treatment of this disease,—the materials of each of these parts being arranged chronologically: the *third* part consists of the Bibliography.

We again strongly recommend the Sydenham Society to the attention of our readers;—reminding them, that not one of the

works published by the Society can be obtained except by *subscribers;* and that the number of copies annually printed is regulated by the number who have paid the contribution of five dollars. The volumes issued in the first year, are now out of print, and happy may he feel who was fortunate enough to subscribe at the commencement.

A Synopsis of the Symptoms, Diagnosis and Treatment of the more common and important Diseases of the Skin. With sixty coloured Figures. By N. Worcester, M. D., Professor of Physical Diagnosis and General Pathology in the Medical School of Cleveland, late Professor in the Medical College of Ohio. Royal, 8vo. pp. 290. Thomas, Cowperthwait & Co., Philadelphia. Desilver & Brown, Cincinnati, 1845.

We hail with great pleasure the appearance of an *American* work on that most interesting and important, but hitherto too much neglected branch of medicine, *Diseases of the Skin.* It is only a matter of surprise, that this subject should so long have been allowed to remain in a state comparatively unnoticed and uncared for. This is the more remarkable when we consider how much *medical ingenuity* has been called forth, in these latter days, in the getting up of works for the press, either "translated," or "republished with notes and additions," or even "republished" without notes at all! We say it is remarkable, that so fair a field for research and inquiry should so long have been suffered to run to waste by our own *enterprising* countrymen, when there was so reasonable, nay certain prospects of success attending its cultivation.

Although the well read American physician may be familiar with the leading European Authors upon this subject, and may, in some few instances, have made it a topic of special study, still it is perfectly undeniable, that, by the *mass* of our profession, it is one by no means well understood; and one, too, which affords them but little satisfaction when forced upon their attention in the course of their practice. The language of our author is unfortunately but too correct, when he observes of this class of dis-

eases:—"They can scarcely be said to form a part of the professional education of students in the annual courses of medical lectures in this country. It is believed that in many of our medical institutions not a single lecture is given upon the nature, classification and treatment of this interesting class of diseases." "When we add that most of these diseases, when neglected or improperly treated, have a tendency to become unmanageable and rebellious under any subsequent mode of treatment; that morbid changes take place in such cases in the skin and subcutaneous tissues, which last for life, and by the unappeasable irritation the remainder of life is often rendered a burden,—the indifference of our profession is extraordinary. The result has been that these numerous diseases have become an opprobrium to the profession, and a fruitful source of emolument to designing empiricism."

The work before us lays no claim to originality, except perhaps in the author's method of *classification* of cutaneous diseases. Indeed, he frankly informs us in his Preface that "utility and not originality has been his design;" and that (we think very properly) "he has drawn information from every source within his reach."

His mode of discussing the various parts of his subject evidently proves him to have been an attentive student of Willan, Bateman, Alibert, Cazenave, and the other most approved authors on this class of diseases.

The most difficult point to settle with regard to diseases of the skin has ever been their proper method of classification. This has always afforded a fruitful theme for controversy and discussion; and the idea of ever arriving at a *perfect* system—one liable to no objection—cannot, we think, be rationally entertained.

The classification of Willan, the basis of which is the peculiar form which an eruption assumes when at its full maturity, is, we believe, the one most generally adopted both by American and European dermatologists; and there can be no doubt, that for general practical purposes, it is the system most readily learned and most easy of application—particularly for those not skilled in the anatomy and physiology of the skin and its appendages. We, however, fully coincide with Dr. Worcester in his objections to this popular system of classification, on the ground of its

want of strict scientific arangement, grouping together, as it does, diseases entirely differing in their nature, pathology, seat, &c., but agreeing in the single point, of resemblance at some one period of the disorder.

Were the present the proper occasion, it would, we think, be easy to substantiate our objections to the Willanian method of classification. One or two examples, however, will be all that we shall adduce in support of them. Take for instance the order *Pustulæ:* this order must necessarily include all those eruptive diseases which, at their period of maturity, present the pustular form. Hence we find *Variola*, a constitutional disease dependent upon a specific contagious principle, classed along with *Impetigo*, a local non-contagious disorder, and *Favus*, a disease peculiar to the hair bulbs; so, also, we find the order *Vesiculæ*, including diseases quite as widely differing in their character—for example, *Scabies, Eczema, and Varicella.* Another objection to Willan's arrangement, arising indeed from the former one, is, that it separates diseases, which are perfectly analogous in their nature, origin, progress, &c. but differing only in the single, comparatively insignificant point,—a want of resemblance at their period of maturity.

Dr. Worsester's method of classification is essentially the same as that of Dr. Willan; although he has so modified it as to embrace all cutaneous affections within two general groups—the "*Dry*," and the "*Moist.*"

The group of "*Moist*" diseases includes three of the orders of Willan, viz. Vesiculæ, Bullæ, and Pustulæ. The group of "*Dry*" diseases includes the remaining five; viz. Exanthemata, Papulæ, Squamæ, Tubercula, and Maculæ. This arangement does not comprehend the *Eruptive Fevers*,—the author considering them as more properly falling under treatises on the practice of medicine. Now, it strikes us that the author's division of cutaneous affections into the two groups of Dry and Moist is a most judicious one for those who prefer the classification of Willan; and by its simplicity it commends itself to us as a decided improvement; still, of course, it must be liable to the same objections we have just urged to the arrangement of Dr. Willan, viz. *a want of strict scientific order.*

Which system of classification then *is* the best? it may be

asked. We reply that the one to which we give the decided preference is that advanced by Mr. Erasmus Wilson of London, whose treatise upon this subject we consider one of the most complete ever written.

Wilson's system is based entirely upon the anatomy and physiology of the skin and its appendages; and considers all cutaneous affections solely with reference to these points. Now, these are fixed and unvarying points; they cannot be affected by the different phases through which this or that particular eruption must pass, in its progress; but they afford us a solid groundwork upon which we may build a beautiful system of classification, with certainty and success. Besides, it is strictly a *scientific* arrangement; and the objection which has been urged against it by some-our author among the number—that it is difficult of application in practice, to those not acquainted with the anatomical structure of the dermoid tissue, pre-supposes—what we conceive should never exist—an ignorance on this subject on the part of the practitioner. The objection would equally well apply to every sort of classification—for instance the classification of medicines in the Materia Medica. Who could properly understand the modus operandi of a purgative, an emetic or an expectorant, without a previous knowledge of the anatomy and physiology of the bowels, the stomach and the lungs?

But our remarks have extended much further than we had designed. We will only add, that the work before us is beautifully printed, and is creditable both to its author and to the Cincinnati press whence it has issued. We should have been glad for our own credit, if *Philadelphia*, and not a city beyond the mountains, had given it birth; although, at the same time, we congratulate our western brethren upon its appearance. As regards the *plates*, we are sorry we cannot say much in their favor: they are mostly copies from Rayer—but they are perfect crudities when compared with their Parisian original, and are not at all in keeping with the practical excellence of the other parts of the book.

J. J. R.

Researches on Scrofulous Diseases. By J. G. A. Lugol, D.M. P., Physician to the Hospital St. Louis, Chevalier of the Legion of Honor, &c. &c. Translated from the French. By A. Sidney Doane, A. M., M. D., late Health Officer of the Port of New York, Translator of Meckel's Anatomy, Bayle's Descriptive Anatomy, Blandin's Topographical Anatomy, Dupuytren's Surgery, Maygrier's Midwifery, Scoutetten on Cholera, Ricord on Syphilis, Chaussier on the Arteries, &c., and Editor of Good's Study of Medicine, Surgery Illustrated, &c. &c. &c. With an appendix, comprising formulæ for the the treatment of scrofula. 12mo., pp. 276. New York, 1845.

We give the whole—not simply *long* but *lengthy*—title of this small volume, inasmuch as an editor who thinks it importtant to direct attention to all the works of which he has been editor or translator, cannot fail to be gratified to see them cited by his bibliographer: at the same time, we cannot avoid expressing our doubts as to the good taste of such an ostentatious display. We know it is the custom in Europe to append to a writer's name the Societies from which he may have received valued honors; but even this is not the practice in this country: still less customary is it here, and we may add every where, for an author to enumerate on a title page a list of his other productions; and even were it a custom, we should certainly regard it as more honoured in the breach than in the observance. Dr. Doane is a most indefatigable translator, almost worthy to be classed with Jourdan, of Paris,—the great translator of medical works from the German into the French,—but who has never, we believe, published anything of his own.

The author of the work before us is well known as the urgent recommender of iodine in scrofulous diseases: his present inquiry takes for its basis, not iodine, but scrofula, which he properly regards as not merely a disease of the lymphatic ganglions, but as implicating the whole system. Strange that it should ever have been regarded otherwise!

"Scrofula," he remarks, "manifests its terrible effects in the early months of fetal existence, for it causes those spontaneous abortions which destroy at least one quarter of those affected, before they see light; after birth, it arrests their physical and moral development; it

complicates all the diseases, all the evolutions of infancy and youth, which it renders laborious and full of dangers. Finally, it reveals its presence more formally by a great number of morbid states, the common origin of which has hitherto been overlooked, and which, for this reason, authors have described as so many special diseases.

Sometimes scrofula affects the mucous membranes particularly, rendering several of them diseased, and sometimes it extends its effects to the mucous system generally. Hence arise ophthalmia, coryza, otitis, leucorrhœa, intestinal worms, mucous fevers, &c.

"Sometimes it attacks the skin, and causes chilblains in the hands, feet, and face; chronic eczema of the lips, eyelids, and ears; pustules of acne scattered over the face, forehead, and chest, and pustules of lupus in various forms, in one or more regions of the dermoid system; more or less numerous, and more or less extensive ulcers, &c. It is the source of pedicular diseases, which, like the verminous affections of the intestinal canal, constantly reappear till the constitution is regenerated.

"Sometimes it acts more particularly on the cellular tissue, and produces numerous abscesses and profuse suppurations.

"When it fixes its seat specially in the osseous system, caries, necrosis, rachitism, supervene in every degree: these different alterations are rarely concentrated on one bone; most generally the bones are affected successively, and many of them are often diseased at the same time, and not unfrequently all parts of the skeleton present manifestly the impression of scrofula; but whatever may be the number of bones diseased, and the degree of the affection, they all have the same nature.

Not only are the scrofulous affections of the bones very similar to each other, but they are of the same character as the ophthalmias, otitis, &c.; as the cutaneous ulcers, and pustules, and the indolent abscesses, however numerous they are in the economy; the only difference is in the situation; this is so true that they alternate with and succeed each other, and sometimes even exist simultaneously in the same patient.

"There is not, strictly speaking, scrofula of any tissue, of any organ; it is, in all cases, the same disease, which affects in one patient the mucous system more particularly, in another the dermoid, cellular, osseous, &c., but never attacks any one of them singly. The appearance of scrofula in one organ in particular intimates its more or less proximate development in another point of the economy; often even one perceives then it had existed under other forms, which had not yet been detected."

With M. Lugol, consequently, as with MM. Rilliet and Barthez, and other recent writers, there is no difference between scrofulosis and tuberculosis.

Not fewer than one hundred and sixty pages of his book are devoted by M. Lugol to the consideration "of the inheritance of scrofulous diseases, and of the health of parents who beget scrofulous children." This comprises the first part. The second part inquires into the pathological causes; and the third part is on the external causes of Scrofula. To the whole is added an appendix, embracing formulæ for the treatment. The work is interesting as containing the views of one who has seen much of a disease which is full of interest, and at the same time of obscurity; but to the inquiring and well informed practitioner, it does not furnish much—if any—new information. Still it was well, perhaps, that it should receive an English version. It is, we think, one of the least useful of the translations executed by Dr. Doane, and such we apprehend its sale will exhibit. The translator, so far as we have observed, appears to have generally done his duty. We would suggest, however, that "ancestral parents" is not only an incorrect translation, but devoid of meaning. "Ancestral relatives,"—as he has rendered the French expression elsewhere, is the true version. Some of the formulæ, too, are inaccurate: in that for the compound tincture of iodine, *iodide of potassa* is written instead of *iodide of potassium*. The same is the case in that for the unguentum iodinii comp., which is inaccurately copied from the Pharmacopœia of London of 1836, as well as in one other. There is a manifest objection too, to the salt being termed in one prescription *iodide of potassium*, and in another *hydriodate of potassa*. It is true the adept knows that they are the same; but with the many who are not adepts confusion is inevitable.

The Philosophy of the moving powers of the Blood. By G. Calvert Holland, M. D., Physician Extraordinary to the Sheffield General Infirmary; formerly President of the Hunterian and Royal Physical Societies, Edinburgh; and Bachelor of Letters of the University of Paris. (With a motto.) 8vo. pp. 308. London, 1844.

It may appear trite to remark, that without a knowledge of the forces that propel the blood through the system it is impos-

sible to comprehend fully any disease to which the frame is liable,—seeing that such disease, even if not evinced by marked disturbance in the general circulatory movements, must be witnessed in the system of nutrition, or in other words, in the capillary vessels;—for it is through them, that all nutrition and secretion are accomplished. Impressed with the importance of a full acquaintance with the moving powers of the blood, the author of the work before us, which he has had the kindness to transmit to us, has entered into an elaborate and intelligent inquiry into the evidences brought forward, as regards the agency of the heart, arteries, capillary vessels and veins; and although he has not adduced any very novel facts or arguments, his general conclusions appear to us to be sound, and in accordance with the best opinions. We were already familiar with them, from their having appeared in the pages of the Edinburgh Medical and Surgical Journal; and it was owing to "the most flattering commendations from some of the highest physiological authorities," that they appear in their present form—having undergone great alterations, with many additions, and a most careful revision.

A Treatise upon the Diseases and Hygiène of the Organs of the Voice. By Colombat de l'Isere, Chevalier of the Order of the Legion of Honor, Doctor of Medicine, Founder of the Orthophonic Institute of Paris for the treatment of all vices of speech, Diseases of the Voice, &c. Translated by J. F. W Lane, M. D. 24mo. pp. 220. Boston, 1845.

We have carefully looked over this translation, but can discover no adequate reason—unless it be a labour of love—which has led the translator to give it to the profession. He states, in his preface, that "it was undertaken at the request of an eminent Professor of Elocution, with the hope that it might prove useful to the general reader, by pointing out to him the physiology and diseases of the organs of the voice, the medical treatment of the more common of these affections, and the conditions necessary to preserve them in health."—So that the production is not intended for the profession, but for the laity, and scarcely, therefore, demands notice from us.

We wish that Dr. Lane had declined the request of the "eminent Professor"—unless, indeed, he had added—what we believe him competent to do—information that is scantily, or, not at all, afforded by the French author. The Anatomy is certainly defective; the physiology in many respects questionable; the pathological portion common-place, and the hygiène trite,—occupying sixteen of the small pages. The strictly surgical portion has been omitted by Dr. Lane, for a somewhat singular reason—"in order to render the work as compact as possible!" and for another, which may, by the way, apply to other portions of the "Treatise"—"because the surgeon, whom these points alone concerns, will find them given at length in the surgical works of the day."

The main subjects treated of are—"the description of the vocal instrument,"—"the voice and its formation,"—"the mechanism of the voice,"—"the pharyngean voice or *faucette*,"—the diseases, and the hygiène of the voice.

The *Falsette* or *Falsetto voice* is doubtless familiar to our readers. It is generally supposed to be produced in the pharynx, although Savart refers it to the ventricles of the larynx. It is the *voce di testa* of singers, in contradistinction to the *voce di petto* or *laryngeal notes*, or *notes of the first register*. Its precise mechanism, however, has not been demonstrated. We refer to it at present, merely to state, that M. Colombat objects to the word *falsette*, because there is nothing *false* in the notes; and substitutes *faucette*, to indicate that they are produced in the *fauces*. Should it be shown, however, that they are not pharyngeal, the substitution of one word for the other would convey a most erroneous idea.

The Translator appears to have executed his work creditably. He has, however, been somewhat inattentive in regard to proper names, some of which have been greatly *estropiés*. For example, we scarcely recognized our old acquaintances, Savart, Ettmuller, Lenhossek, Liscovius, Grenié, Piorry, Gerdy, and others. Again, Dr. Lane may admit the force of example in employing "*autopsy*" for "*cadaveric autopsy*." Autopsy has, however, a distinct meaning, and we regret that it should ever be employed in any other than its legitimate acceptation,—of "ocular demonstration," or "attentive examination by one's

self." This new version was introduced about the same time with the translation of the French word *observation* by the English word "observation," instead of "case;" as "*observation first*," "*observation second.*" This we are glad to find is almost abandoned; and it was probably a blunder made originally by some one, who was not aware of the usual acceptation of the term, and afterwards copied by others, who ought to have known better. Its import is either "observation" or "case," according to circumstances.

Experimental Researches upon Febrile Caloricity, both before and after Death.—Post Mortem Fever. By BENNET DOWLER, M. D., of New Orleans. (Western Journal of Medicine and Surgery, for June and October, 1844.)

This is an exceedingly interesting communication, which we have just received from the author, and to which we call the attention of the physiologist and the pathologist. It is the common opinion, that after the cessation of life, the body refrigerates according to the same laws as an inorganic substance of the same temperature, and placed in analogous circumstances. Yet the researches of Dr. Dowler show, that after death the heat may actually rise, and there may be what he terms "*post mortem* fever." We have only space to insert the following, which designates a "faint outline" of several cases, "selected from more than two hundred histories of temperature." They certainly authorise the deductions of Dr. Dowler, and lead to serious reflection.

"History 1st.—Highest temperature during life in the axilla. 104°; 10 minutes after death axilla 109°; in 15 minutes the thigh gives 113°, 9 above the living maximum; in 20 minutes the liver gives 112°; in 1 hour 40 minutes heart 109; thigh, old incision, 109°; in 3 hours after removing all the viscera, a new incision in the thigh gave 110°, 6° above the living maximum.

"Hist. 2d.—Alive: axilla 100°, hand 91°; dead 1 hour and 6 minutes: axilla, at the end of every 5 minutes, 102°, 104°, 107, thigh, 107°; 2 hours after death centre of the left lung 106°, apex 104°, heart 104°, thigh 106°; 3 hours, axilla 104°, liver

106°, thigh 106°—repeated, 106°, rectum 105°; 23 hours after death, room 90°, thigh 88°; putrefaction developed.

"Hist. 3d.—Last stage, hand 91°, axilla 100°; dead 30 minutes, axilla 104°; perineum, without incision, 102°; rectum 102°; epigastrium 103°; brain, through the orbit, 102°; body appeared to be growing hotter, when demanded by friends for interment.

Hist. 4th.—Last stage, hand 70°, (7° less than the air); axilla 95°; about 2 hours after death, axilla 100°, rectum 104°; axilla rose to 102°, epigastrium 101°, thigh 102°, brain 99°, heart and left chest 100°.

"Hist. 5th.—2 days before death, hand 101°, axilla 104°; 1 day before death, hand 100°, axilla 100°; dead 5 minutes, axilla gave at different periods, and was still rising, 103°–4°–5°–6°, epigastrium 106°, brain 101°, and falling; the thigh 101°, though exposed to a cold wind, which sunk the mercury 10° during the observations.

"Hist. 6th.—4½ hours after death, thigh exceeded the brain 6°, the chest 3°.

"Hist. 7th.—Air cold, (Oct. 26,) mercury falling 3 or 4° per hour; dead 1 hour, axilla 103°, epigastrium 104°, nearly, liver 108° and rising, brain 88°, falling; 2 hours after death, thigh 104°, left chest 97°."

From Dr. Dowler's experiments it seems, that the maximum of post mortem heat has been observed in the thigh. The folowing table contains five maxima of the eight principal regions in different subjects.

Thigh.	Epigas'm.	Axilla.	Chest.	Heart.	Brain.	Rectum.	Liver.
113°	111°	109°	107°	109°	102°	111°	112°
109°	110°	109°	106.5°	106°	101°	109°	109°
109°	109°	108°	106°	105°	101°	107°	108°
109°	109°	108°	106°	104°	100°	107°	107°
108°	109°	107°	105°	104°	99°	106°	106°
M. 109.4°	109.6°	108.2°	106.1°	105.6°	100.6°	108°	108.4°

We have said that these experiments merit the attention of the physiologist; and we agree with Dr. Dowler that they are sufficient to overthrow the doctrine,—entertained, however, by but a few—

which ascribes the origin of animal heat solely to respiration. We do not doubt the accuracy of Dr. Dowler's results. They will, however, be repeated under competent auspices in this region. Fortunately we cannot test them on yellow fever subjects, nor have we many fatal cases—at present—of any form of fever. It will be interesting, however, to repeat them over an extensive field, and to determine whether the circumstances observed by Dr. Dowler may not exist universally. We shall, doubtless, have occasion to refer to this subject hereafter.

RECORD OF MEDICAL SCIENCE.

Note on Valerianate of Zinc. By William Procter, Jr.—Having had occasion to prepare this salt several months ago, the inconvenience of distilling so bulky an article as valerian (which swells much by maceration) was found to be so great, that in order to supersede the necessity of placing the root in the still the following method was resorted to, viz. Four pounds of valerian in coarse powder were thrown into two gallons of hot water, in which had been dissolved four drams of caustic potassa; the whole was heated for a short time, and then allowed to macerate for twenty-four hours, and then displaced with water until the liquid passing possessed but little taste. The clear infusion, which was slightly acid to litmus paper, was saturated, and evaporated until reduced to two pints, and as much diluted sulphuric acid was added as would neutralize the quantity of alkali employed. By this means the valerianate of potassa formed in the infusion was decomposed, and its acid set free. The whole was then placed in a glass retort on a sand bath, the distillation conducted until the liquid passing over was but slightly acid to litmus. The liquid in the receiver consists of a saturated solution of valerianic acid, with globules of that acid floating on its surface.

The next step in the process consists in preparing the hydrated carbonate of zinc by precipitation from a solution of the pure sulphate, by carbonate of soda, and washing to remove the saline matter.

The valerianic solution is then placed in a suitable vessel, an excess of the hydrated carbonate added, and the mixture heated until effervescence ceases and the saturation is effected,—the liquid should then be filtered, evaporated and crystallized. If the process has been carefully conducted, the product will amount to two drams, or about thirty grains per pound.

The salt thus obtained is often coloured brownish, and if required,

can be obtained white by re-dissolving, treating with charcoal, and again crystallizing. Since adopting this method, which yields a larger product than by saturating the distilled water with the hydrated carbonate, I have seen a similar suggestion in the *L'Abeille Medicale*, by M. Guilleminet Macors, Pharmacien of Lyons, who, however, employed the carbonate of potassa.

M. Rabourdin, Pharmacien at Orleans, employs the following process, viz.: About eleven pounds of valerian to be distilled with a sufficient quantity of water, containing three troy ounces of concentrated sulphuric acid. When thirty pints of product has been obtained by distillation, the volatile oil is separated and the liquid saturated with from 22 to 25 drams of carbonate of soda, then evaporated to one pint, a slight excess of sulphuric acid added, and then distilled. By this process M. Rabourdin obtained from 11 to 12 drams of valerianic acid—a much larger quantity than is usually obtained.

By whatever process made, there should always be sufficient water to hold all the valerianate in solution when the liquid is hot, else a portion may be lost in separating the excess of carbonate of zinc. The salt requires about fifty times its weight of water for solution.—*American Journal of Pharmacy.*

On the Action of Lead in distilled and River Water. By Richard Phillips, Junr.—The author considers, from the action which is the subject of his paper, the following points of interest to arise: 1st, whether it is necessary that the lead should be exposed to the air, or whether the action would take place if it were below the surface of the water; 2nd, whether pure or distilled water, deprived of all atmospheric air, has any action or lead; 3rd, as to what is the nature of the white precipitate; 4th, if, besides this white precipitate, any soluble salt of lead is found; and 5th, as to which of the salts contained in river-water the non-formation of the white precipitate is due.

He proceeds to notice the remarks of Dr. Christison and Colonel Yorke on these subjects, and then gives his own experiments.

As to the first. In bottles containing distilled water were placed two pieces of lead of nearly equal size. In both a white precipitate occurred, but in that in which the lead had been exposed above the surface of the water, a far greater quantity than in the one where the lead had been exposed above the surface of the water; and he concludes from this experiment, that although it is not necessary that the lead should be exposed above the surface of the water for the action to take place, still by offering a passage to the gases contained in the atmosphere it accelerates it.

The author observes, "I have before stated, Dr. Christison does not describe the method by which he performed his experiment on the non-solubility of lead in pure distilled water; and although I agree with him as to the fact, as I found some difficulty in ascertaining it, I will describe the process I followed: I found that on boiling pure

distilled water so as to deprive it of all atmospheric air, that when it had regained its former temperature, and was placed in a well-stoppered bottle with a piece of lead, the bottle being perfectly full, although no action was apparent, and the lead remained almost as bright as when first placed in the bottle, yet if a little hydrosulphuric acid was added to the water, it instinctly became of a brown color, showing the presence of lead, the water having on cooling absorbed sufficient atmospheric air to act on the lead. If, on the contrary, the water was placed in the bottle when warm, and the lead immediately added, and the bottle stoppered, on cooling a vacuum was formed, which it was impossible to maintain, and the lead was acted upon. I therefore repeated the last experiment, but took the precaution, when the bottle was quite full and no vacuum had formed, to plunge the stopper under mercury, and to pour water above the mercury. The experiment was allowed to remain for some months; the lead retained its original brightness; and on breaking off the neck of the bottle, it being impossible on account of the vacuum to take out the stopper, not the slightest effect was produced on the liquid by hydrosulphuric acid, thus proving that pure water, without the presence of air, has no action on lead.

"From my experiments I am led to the same conclusion as Colonel Yorke, as to the manner of the formation of the white precipitate; in fact, I have obtained small masses of crystalline scales, which have formed on the surface of lead, which have dissolved without the slightest effervescence in acetic acid. I do not think, however, any fixed composition can be assigned to this substance, as on repeating his experiment of drying it under the air-pump upon two different specimens, one of which had been kept some years, and the other only a few weeks, in the former a much larger amount of carbonic acid was found than in the latter, showing that the precipitate had no definite composition, but that it depended, as to the quantity of carbonic acid, on the length of time it had been exposed in the solution.

"As to the existence of either of the salts of lead mentioned in a soluble state, I must confess that I differ with the two authorities I have named, and believe that what they consider to have dissolved is merely the hydrated oxide of lead held in a state of mechanical suspension, and for the following reasons:—I found in repeating an experiment of Colonel Yorke's, that of precipitating hydrated oxide of lead and washing it with warm distilled water, that the filtered liquor gave a brown precipitate with hydrosulphuric acid, after all the soluble salts formed had been washed away; but that on refiltering a portion of it through more than one filter, not the slightest discoloration was given to the liquor by the test; and as Colonel Yorke considered that the soluble salt was the hydrated oxide, a greater quantity of which would exist, as already shown, at the commencement of the action of the lead on the water, I placed a piece of lead in distilled water, and carefully tested the filtered liquor daily, for some weeks, with hydrosulphuric acid, but in no case could I find the slightest discoloration given to it. Now as the test is so delicate as

to be capable of discovering, according to Pfaff, a 100,000th part of the metal in solution, if, as Colonel Yorke states, a 10,000th part of the oxide is held in solution, the test would of course have distinctly shown it.

"Dr. Christison considering that the action of the formation of a soluble salt of lead was due to the carbonate of lead becoming converted into bicarbonate by long exposure, I tested the liquid from one of the experiments I have before mentioned, when the lead in distilled water had been exposed to the action of the atmosphere for six years, and could not detect the slightest discoloration after the solution had been carefully filtered. I therefore conclude from these experiments, and I believe Dr. Thomson has previously arrived at the same result, that no soluble salt of lead is formed by the action of atmospheric air on lead in distilled water."

As to the last question, "to which of the salts contained in river-water the non-formation of the white precipitate is due," the author states that it is the sulphate of lime, and considers that the chloride of sodium, which has been generally supposed to be capable of exercising this preservative power, does not possess it, on account of its forming when decomposed a salt of lead partly soluble.

In conclusion, he remarks that the non-action of rain-water which had fallen, after a long continuance of dry weather, on lead, is probably due to the small amount of carbonate of ammonia which is contained in atmospheric air.—*London Chemical Gazette.*

MEDICAL MATTERS IN PRUSSIA.

Berlin, Dec. 15th, 1844.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In sending you a few lines from this place, I am not quite certain whether it is a compliance with a request from yourself, or merely a gratification of a desire not to be wholly forgotten by yourself and some of your readers.

I have been here nearly a month, and heard several of the professors at the medical school, which ranks now as the second in Germany, although none of them are superior as lecturers to many in America, and the graces of oratory are as foreign to the profession here as elsewhere. One is a little surprised to see in nearly all the lecture rooms of a Prussian University, a sprinkling of uniforms. The law requires of every man in Prussia, without any exception, (unless of the princes royal) or excuse, unless of sickness, a year, or, if equipments and subsistence are provided by government, three years of actual service, and the student of medicine or theology has perhaps just come from the barracks or morning drill.

Two of the most largely attended cliniques, are those of Dr. Jaenchen at the Charité, and Dr. Dieffenbach at the University Hospital; the first an ophthalmic clinique, the last a general one, at which operations for tenotomy abound, in which Dr. D. is certainly very adroit.

One of the most interesting institutions of Berlin, is that for the instruction of the deaf and dumb, at which the new method is pursued of teaching them articulation. The success with which it is attended is certainly very astonishing, and, to an inexperienced observer like myself, quite satisfactory. The pupils converse with the instructers and with each other, so as to be intelligible to an ear as little practised as mine in the German language. The older ones can also read aloud and with a distinct enunciation, from an octavo volume of reading lessons, any passage that may be selected. But notwithstanding that by a patient imitation of the movements of the lips, tongue, larynx, and chest involved in articulation, this system seems to have achieved an impossibility; its expediency, as a general system of education for deaf mutes, is doubted by many practical observers, who say that the great length of time necessarily devoted by those who possess only ordinary imitative faculties, to the mere acquirement of an articulation, leaves not enough for more direct and important mental culture. A gentleman from New York is now here for the express purpose of investigating the methods and merits of the system, and his report will undoubtedly be of great value to those interested in the subject. But whether it be destined to supersede the older plan or not, it must be considered a very noticeable example of the ingenuity and perseverance of German teachers. This is, I believe, the largest institution of the sort in Germany; that at Liepsic, the oldest.

The schools for the instruction of the blind are here, and in the other cities which I have visited, less extensive than the one in Boston, which enjoys here a very high reputation. The education of the two blind mutes is spoken of in the strongest terms of admiration, and regarded as a much greater achievement than the teaching of the dumb to speak. Attached to the Deaf and Dumb Institute, is a class of idiots, in the instruction of whom great pains are taken, and a good deal accomplished.

You will not be surprised to learn, that just now, two new systems of medical practice are budding into favor in Germany. One is called the Traubencur (grape cure), and consists in living chiefly upon grapes, of which several pounds are to be eaten daily. I have not learned that its application is limited to any particular forms of disease, and am not able to give you the name of the originator of this happy discovery. It is now chiefly heard of in the regions of the Rhine, to the vineyards of which patients are, during the autumn, recommended to resort. The second system, at present less known, is entitled Aeropathy, and its paternity is claimed by a Dr. Flekeles of Prague, in Bohemia. The particulars are to be given in a book, which is forthcoming, but its essence is said to consist in alternate perspirations and exposures to currents of cold air. The first of these, the Traubencur, may be considered to be at present the *fashionable* one in Germany, but will probably soon yield to the other, of which the applicability is much more general, and the effects probably more decided.

On the route hither I passed a day at Halle, the medical school of

which is a very good one, but chiefly observable from having in its possession the anatomical museum of the three Mechels. Some of the vast preparations by the elder Mechel are exceedingly elaborate, and, though more than a century old, in the most perfect condition. Connected with it is a very extensive collection in comparative anatomy, of more recent date. The anatomical prosector of the school claims to have made some discoveries in comparative anatomy, particularly of vertebrated animals. The only one which he pointed out to me, related to the difference in the form and arrangement of the spinous processes of the vertebræ, which he asserts, are found in every animal to be peculiarly and perfectly adapted to the movements and uses required of them. I have a faint idea, which is perhaps in the minds of some of your readers a vivid one, of having, a long time ago, on the other side of the water, read and listened to substantially the same statements. I intend shortly to leave for Vienna, and may write to you again. JOHN H. DIX.

The Diagnosis of Hepatitis and Hepatalgia.—The following summary, though it has nothing novel to recommend it, may be advantageously borne in mind:—

"Although the pains accompanying hepatalgia may be as intense as those of hepatitis, and in many instances, perhaps, more urgent, they are not constant, but are at the outset, and frequently, also, during the whole progress of the disorder, paroxysmal, affording in the interval a complete immunity from pain. The pathognomonic signs indicative of inflammatory action of the liver, are pyrexia, tumefaction, great tenderness in the hypochondrium, frequent and strong pulse, thirst, furred tongue, and vomiting, sometimes of a bilious, and at other times of a dark-coloured, secretion, as the substance of the liver more or less partakes of the invading disease. The bowels are irregular in their action, the evacuations presenting a great variety of appearances, according as the biliary secretion is more or less affected, and the urine is scanty and high-coloured. In hepatalgia, on the contrary, these signs are invariably wanting; there may exist, indeed, constant pain and tenderness over the region of the liver, increased to a certain degree by pressure, but manifest exacerbations, even in the worst cases, occur, which are sufficiently indicative of its paroxysmal character. The functions of the organ may proceed uninterruptedly as in its healthy condition. The tongue may be quite clean, or sometimes, in the centre, there may be a gentle creamy fur, and the urine is generally increased in quantity, and is of a lighter colour than ordinary." *Treatment of Hepatalgia.*—"Gentle purgatives, combined with colchicum, ipecacuanha, and hyoscyamus, will seldom fail to work a speedy cure; and if the constitution have suffered from protracted, unmitigated pain, alkaline vegetable tonics will effect that which we might in vain expect from the rough, insoluble, mineral preparations."—*Dr. Allnatt, Medical Gazette.*

On unavoidable Hemorrhage. By Professor Simpson, of the University of Edinburg.—From a long inquiry, the following deductions are made by Professor Simpson.

Our inquiry, as far as we have hitherto proceeded, seems legitimately to admit of the following deductions.

1. The complete separation and expulsion of the child, in cases of unavoidable hemorrhage, is not so rare an occurrence as accoucheurs appear generally to believe.

2. It is not by any means so serious and dangerous a complication as might *a priori* be supposed.

3. In nineteen out of twenty cases in which it has happened, the attendant hemorrhage has either been at once altogether arrested, or it has become so much diminished as not to be afterwards alarming.

4. The presence or absence of flooding after the complete separation of the placenta, does not seem in any degree to be regulated by the duration of time intervening between the detachment of the placenta and the birth of the child.

5. In ten out of one hundred and forty-one cases, or in one out of fourteen, the mother died after the complete expulsion or extraction of the placenta before the child.

6. In seven or eight out of these ten casualties, the death of the mother seemed to have no connection with the complete detachment of the placenta, or with results arising directly from it, and if we do admit the three remaining cases, (which are doubtful), as leading by this complication to a fatal termination, they would still only constitute a mortality from this complication, of three in one hundred and forty-one, or about one in forty-seven cases.

7. On the other hand, under the present established rules of practice, one hundred and thirty-four mothers died in three hundred and ninety-nine placental presentations, or about one in three.—*London and Edinburgh Monthly Journal.*

Case of Procidentia Uteri during Labour, in which artificial means were necessary to effect Delivery, with subsequent replacement of the Uterus, and complete Recovery. By John M. B. Harden, M. D., of Liberty County, Georgia.—The following case, the narration of which I have received from my friend, Dr. Raymond Harris, of Bryan county, is so very curious and interesting, that I have considered it worthy of permanent record, and therefore send it, with the request that it be inserted in the next number of the Southern Medical and Surgical Journal. Although not occurring under my own observation, yet, from the known character of the gentleman who has furnished it to me, I have no hesitation in vouching for the general accuracy of the details.

In April, 1829, a negro woman, belonging to Capt. George Rentz, of McIntosh county, was taken in labour. She was about 40 years of age, of good constitution, mother of several children, and so far as is known, not subject to any previous prolapsus, or other disease of

the womb. Something unusual and anomalous having occurred during the progress of the labour, Dr. Harris was sent for. He found her, on his arrival, in the following condition. She was lying on her back, with the whole gravid uterus between her thighs, retained only by the ligaments, which were much stretched, but not ruptured, and discharging from its external surface a serous or sanious fluid. The woman had been in this condition for about 24 hours. She had had no pain since the descent of the uterus, and was complaining of none at this time. The liquor amnii had been discharged. After a careful examination, no motion or other sign of life in the fœtus could be perceived. The uterus appeared to be in a perfectly quiescent state, without any disposition to contract. The os tincæ was barely dilated sufficiently to allow the introduction of *two fingers*. Finding it absolutely necessary to relieve her as soon as possible, the Doctor proceeded to deliver her by artificial means. He opened the head of the child with a suitable instrument, and then, having an assistant to hold and support the uterus, he introduced his hand, and by careful *traction*, succeeded in removing its contents. There was very little pain during his manipulations. He now returned the womb, which had scarcely contracted at all, and advising the recumbent position, left her. She had a *very good* "*getting up*," and two years ago, the Doctor learned, *was in good health*.

Remarks.—Cases of the above character must be of very rare occurrence. I have not been able to lay my hands on more than two bearing any resemblance to it. One is noticed in West's Report, published in the British and Foreign Medical Review, for April, 1844,* and occurred in the practice of Dr. Perfetti. In this case, however, the procidentia was not complete, the uterus only reaching "something more than six fingers breadth beyond the external parts." The woman had been subject to prolapsus "ever since she was fifteen years old." The other had been communicated to the Dublin Medical Press, by Dr. Darbey, of Drogheda.† The woman was 42 years of age, and had had prolapsus uteri for some years. This was her seventh pregnancy. "On examination, Dr. D. found the uterus *lying between the patient's thighs*, presenting a livid appearance, and the os uteri having a dry feel, and no symptoms of dilatation. The labour pains *were strong, with violent cramps in the lower extremities*."

2. The treatment of these cases seems to have been governed by the circumstances attending them. In our first case, the os uteri was "*so hard and undilatable*," that Dr. Perfetti deemed it necessary to *make incisions into it*. He then *introduced the forceps and extracted the child*. The mother recovered. Dr. Darbey "took thirty ounces of blood from the arm, and administered the following draught: R. Aq. Menth. Pip. ℥iss.; Tr. Opii. Acet. gtt. 4; Syrup Cort. Aurant. ℥ij. M.—which procured rest, and checked the cramps and other bad symptoms. After a comfortable repose of two hours, *labor*

* Am. Jour. Med. Sciences, N. S. vol. 8, p. 257.

† Am. Jour. Med. Sciences, N. S. vol. 9, p. 232.

pains returned, the os uteri gradually and steadily dilated, and a healthy, *but small sized child, was born.* The placenta followed after a short time, and the uterus *being replaced and suitably secured, nothing untoward followed.*" In our case the dilatation was effected by the hand, after having lessened the dimensions of the head; and certainly this method should *always be preferred to incisions, unless it be found impracticable.*

3. There is an important physiological fact to be gleaned from these cases: namely, the *power of the abdominal muscles in effecting delivery;* and the case which we have now related shows plainly *that parturition may be carried through by the action of these muscles alone, without the concurrence of uterine contraction*, and naturally suggests the question, which plays the most important part in Labour? Any one who has ever had his hand in the uterus during a labour pain, must know that there is most powerful action of muscles *somewhere*, and he would no doubt be inclined to refer it to the uterus itself—but may not the most of this force arise from the abdominal muscles acting through the parieties of the *uterus?* and may not the mechanism of labour, in this regard, be similar to the mechanism of vomiting? For our part, we are very much inclined to adopt the affirmative; while at the same time we admit that the uterus has *an independent action and power of its own*, and that in every healthy labour, this action and contraction march *pari passu* with the expulsion of its contents.—*Southern Med. and Surg. Journal.*

A Case of Lithotomy in the Female—double Calculus. By B. W. Groce, M. D., of Talladega County, Alabama.—During the month of April, 1843, I was called to visit Mrs. N. S., (aged 23 years, and of leuco-phlegmatic temperament,) in consultation with Dr. Sumners, for the purpose of removing stone in the bladder, by an operation. I found Mrs. S. in an extremely debilitated condition. She informed me that she had been suffering from the effects of the stone for several years. She had taken various medicines without producing any more than mere temporary relief; and was at this time labouring under the distressing effects of dyspepsia. On further inquiry, she informed me that in childhood she had been very much troubled with asthma, but which pretty much subsided about the age of puberty. She did not, however, long enjoy the consolation of having gotten rid of this disease, before one of an equally distressing character made its appearance, to wit, amenorrhœa; under which she laboured until near the age of nineteen. Upon the appearance of her catamenia she began to experience symptoms of gravel, which continued to increase in violence until she was happily relieved by an operation. On my arrival, Dr. S. represented the stone as being about three-fourths of an inch from the external orifice of the urethra. Upon making a minute examination, I discovered this to be the case, and that the stone was so large as to prevent the passing of the finger up the vagina. Deeming dilatation impracticable, we immediately

determined to operate; which was performed by making an incision (with the smallest scalpel in the dissecting case,) through the vagina and urethra, immediately upon the stone. After completing the incision, the dressing forceps (in the pocket case) were introduced, and the stone grasped; but discovering that it could not be extracted without considerable effort, the finger was inserted, and the calculus raised from its bed, near the internal orifice of the urethra, (for it had been so long in this situation that it had become pretty firmly attached to the mucous membrane,) and then easily removed.

In a few moments after the operation the patient was attacked with rigors, but which subsided immediately upon the administration of a little camphor water. She soon fell into a quiet and pleasant sleep, and rested well during the after part of the day and that night. I visited her the second day after the operation and found her doing well: pulse 85, in no pain, the incision was healing by the first intention, and the urine passing off by the natural channel.

I heard nothing more of our patient (as I lived at some distance,) until about eight days after, when I was unexpectedly summoned to see her again. When I arrived, I found Dr. Sumners already in attendance, who stated that another calculus, fully as large as the first, had come down, and occupied pretty much the same position as the one already removed. I was indeed astonished; but it immediately occurred to me that we had neglected the important and necessary precaution of sounding the bladder after the operation.

We determined to make a second effort to relieve the sufferings of our patient, whose pains had now become almost intolerable. Upon making a vaginal examination, we found the previously made incision partly reopened; this we enlarged, then introduced the forceps, and removed the stone without difficulty. The bladder was now thoroughly explored, and no other stone being detected, she was placed quietly in bed, and the strictest orders given as to her regimen, &c.

She recovered from this second operation without a single unfavorable symptom, except incontinence of urine, which, for some time, threatened to be very obstinate. This, however, was finally relieved by astringent injections, bathing, &c.; and I am now happy to say, that she has since been delivered of a fine, healthy boy, and is at this time enjoying unusually good health.

The calculi are of the mulberry character; each half as large as a pullet's egg, and weighing something over an ounce. The one first removed is of an oval shape, with the upper surface smooth and polished; produced, I suppose, from the urine passing over it;* the other part of the stone is exceedingly rough. The second stone is round, and rough over its entire surface.—*Ibid.*

* Most probably from friction of the second calculus, which latter became rough over its entire surface in the eight days after the removal of the first.—Eds.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, APRIL 8.

Case of obstruction of the Large Intestine, in which the Ascending Colon was opened with success, the Patient dying three months afterwards of another Disease. By SAMUEL EVANS, Esq. of Derby, communicated by WM. BOWMAN, F. R. S., Asst. Surgeon to King's College Hospital.—Lewis S——, aged 23, a farmer, has been liable for several years to attacks of diarrhœa. In September, 1843, he was seized with violent pain in the bowels, resembling colic, which lasted for thirteen hours. About the third week in January, the attacks were renewed, and became more severe on the 5th of February. The author saw him for the first time on the 7th; he was suffering from severe intermitting pains in the abdomen, which was distended, but free from tenderness. There was a distinct swelling in the right iliac region. His bowels had not been relieved since the 5th. Opiates, active aperients, and stimulating injections were administered during five days without relieving the pain and sickness, or procuring evacuations. On the 12th and 13th, his sufferings were relieved by large doses of the liquor opii sedatives. From this time to the beginning of April, the size of his belly gradually increased; he also daily suffered many paroxysms of pain. At intervals large quantities of flatus and small portions of clay-coloured fæces escaped from the bowels. The patient's health became much impaired, and vomiting recurred almost daily. On the 25th of March, Callisen's operation, as modified by Amussat, for the formation of an artificial anus in the loin, was proposed, but the patient yielded to the wishes of his friends in postponing it. The emaciation increased, and the abdomen became distended to the greatest possible degree, the evacuations entirely ceased, and the pulse became feeble and fluttering. April 9th, the operation was performed; a transverse incision, four inches long, was made in the right loin; the ascending colon was opened, and more than two gallons of semi-fluid clay-coloured fæces were discharged. He recovered from the operation, and by May 9th had gained flesh, and the wound in the intestine had healed, but the evacuations escaped entirely by the artificial anus, being restrained by a plug in the orifice, which was removed four or five times a day. At the end of June, he commenced passing diabetic urine, and to suffer from thirst. July 2nd, he rode a distance of six miles in an uneasy cart, and shortly afterwards symptoms of peritonitis supervened, and he died on the fifth. On examination of the body, the cause of obstruction was found to be a stricture in the colon, just beyond the angle formed by the junction of the ascending and transverse portion of the gut. The contracted part was almost as hard as cartilage, and would only just admit a crowquill: its inner surface was ulcerated, the cæcum was enormously distended, and nearly as large as a stomach of ordinary size; the ascending colon was also much enlarged.

The author remarks that this is the eleventh case on record in which Callisen's operation (modified by Amussat) has been performed in

the adult, in consequence of obstruction in the intestinal canal. From the previous history of the case, it would appear that the disease had been of slow progress, and of considerable duration ; but at the period to which the operation was delayed, owing to the interference of the patient's friends, he was in so alarming a condition that it is impossible to imagine a case more unfavourable for the operation. Two months afterwards, he was so much recovered that there appeared to be every prospect of his restoration to health, but these hopes were disappointed by his imprudence in regard to diet and exercise ; but as far as the operation is concerned, the case was successful.

Sir George Lefevre remarked on the indiscretion of the patient in going about so soon after the operation, and thought this should have been prevented by the medical attendant. Local and general treatment, together with the recumbent position, and strict attention to diet, were essential to the satisfactory conclusion of such a case. He briefly referred to two cases, of which he had drawn up a description, and had intended to read them to the Society, but had since withdrawn them, and published them elsewhere. In one of these cases, a lady of distinction in St. Petersburg had had the colon punctured merely for the purpose of relieving the pain caused by distention. In this case, the suffering was extreme ; there was incessant vomiting and most urgent distention. A trochar was plunged into the colon, an escape of gas took place, and relief ensued. She died, however, in eighteen hours afterwards. In another case of internal obstruction, the patient survived the operation twenty hours. Would an operation of this description be considered justifiable in this country, merely with a view of relieving symptoms, the termination of the case being certainly either way fatal ?

Mr. B. Philips regarded the paper as a very important one. There was no question that the operation had been performed many times with various modifications, both for obstructed bowels and imperforate anus. As far as he knew, it had been generally unsuccessful. The operation itself was by no means a difficult one, the real difficulty in these cases being to determine the circumstances which justify the proceeding. On what did the obstruction depend ? Cases of obstruction presented themselves, dependent on the collection of hardened fæces, in which the patient became emaciated, and the symptoms presented all the appearance of internal strangulation, yet these cases were relieved without operation. If the obstruction were the result of the disease in the rectum,—as, for instance, carcinoma, of which disease Broussais was said to have died,— here would be little difficulty in detecting its nature, and an operation like that under consideration might be performed with the chance of prolonging life. But even here we only substituted one infirmity for another, and it might be questionable which was the most difficult to be borne with. It was when the obstruction was situated higher up that it was difficult to decide on what it was dependent, and in what way we should proceed. The contraction, in fact, might exist at the very point at which the operation was usually performed. In Mr. Evans's case

there was no indication presented to warrant us in drawing a conclusion as to the precise cause of the obstruction. Indeed, from the occasional passage of clay-coloured fæces, it might have been diagnosticated as arising from a fæcal accumulation, instead of being, as it was afterwards found, a stricture of the colon.

Dr. Powell remarked, that it was surprising how long constipation might exist in hysterical patients. He related the case of a lady who was constipated for three weeks, and who was relieved by the use of opium and croton oil. On one occasion she had no evacuation for two months. Injections were of no avail, and she took as much as half a grain of morphia and two drops of croton oil night and morning. In this case he believed the obstruction to be dependent merely on hysteria.

Mr. Davis related the case of a man who had been invalided from the West Indies, and whose bowels were moved only once in three weeks. His health was good, but he was occasionally subject to spasmodic pain in the abdomen. Extract of colocynth with opium was given without benefit, and he then took a compound gamboge pill three times a day, with small doses of Epsom salts. This usually succeeded every three weeks in procuring an evacuation, containing a great number of scybalæ. The only unpleasant symptoms under which he laboured were occasional attacks of spasmodic colic. Under this treatment his appetite improved, though he would now and then reject his food. He detailed another case of constipation following parturition, in which an evacuation, when it was obtained, was found to contain a great number of scybalæ. He mentioned these cases as illustrative of the effects of proper treatment in prolonged constipation.

Mr. Solly agreed with Mr. Philips as to the difficulty of determining the cause of obstruction in cases of prolonged constipation. Every surgeon in practice must have experienced this difficulty. He recollected a case which occurred some time since, of a woman who was tapped for what was supposed to be ascites, but which was found, after death, to be simple distention of the colon, with fæces, the result of schirrus of the rectum. The operation was followed by fatal peritonitis. He particularly referred to those cases of internal obstruction which resulted from the passage of adhesive bands from one portion of intestine to another. Some years since, he had seen a case of this description with Dr. Sutton, of Greenwich. He, Mr. Solly, had been called on to pass a rectum bougie in a case of obstinate constipation. This was readily done, no impediment to its passage being encountered. The patient died four days afterwards. After death a band of adventitious membrane was found extending from the colon to the mesentery, completely binding down the former, and obstructing its canal.

Dr. James Johnson considered that in Mr. Evans's case there was little difficulty in deciding at what point the obstruction existed. The fact of the bougie having readily passed, combined with the ready injection of three pints of fluid, and the position of the distention, in-

dicated that the obstruction was near the caput coli. The operation he considered to have been perfectly justifiable. It was astonishing how long fæcal accumulations might exist, without seriously affecting the general health. He had a patient at present under his care, who had not passed any fæces by the rectum for the last three months. He was suffering from a large inelastic tumour near the caput coli, and daily vomited up fæcal matter. His appetite was good, his general health unaffected, and there did not appear to be any signs of a fatal termination. It might be a question how far an operation in this case might be advisable.

Mr. Dunn related the case of a child who was born with imperforate bowel, the obstruction of being situated so high up, that a bougie could not reach it. No operation was performed, and, after death, the colon was found to be not larger than a crowquill.

Mr. Blizard Curling observed that it was by no means an easy matter to reach the colon by operation, particularly in infants, and when that canal was undistended. He related a case in which this was attempted; the surgeon, however, cut down upon the kidney. In a case of imperforate anus, in which attempts to reach the rectum were fruitless, he advised the operation of Amussat, but it was not acceded to. After death, however, he, Mr. Curling, performed the operation, and found it less easy than some gentlemen would appear to think it. By cutting a little too near the spine, he came upon the kidney, an accident which he believed had occurred on more than one occasion when the operation had been performed on the living body. When the colon was distended, and the incision was made a little more externally, there would be no difficulty in reaching the intestine. He agreed with Dr. Johnson, that in Mr. Evan's case the cause of the obstruction was sufficiently evident to justify the operation. This case, indeed, offered a sufficient encouragement to other surgeons to resort to this proceeding, particularly in those cases in which the obstruction was as evident as in this instance.

Dr. Taylor remarked, that as Mr. Evans was clear in his opinion as to the seat of the obstruction in this case, the operation was justifiable, and had, undoubtedly, prolonged the life of his patient. There was nothing in the paper to show the nature of the obstruction, whether it was carcinomatous or otherwise. The microscope probably would be the only means of deciding this. It would appear, however, from the history of the case, that it originated in simple inflammation. It appeared that this patient had for some years been subject to diarrhœa; this was probably the result of inflammation, which had afterwards proceeded to ulceration, cicatrization, and contraction. He had seen similar cases of contraction from ulceration the result of fever, though not always situated in the same spot. In most of these cases no operation had been contemplated, as the patients had died from chronic peritonitis before the obstruction had continued sufficiently long to warrant any operative procedure. He thought that one mode of distinguishing whether the obstruction depended simply on the accumulation of hardened fæces, or on structural disease, would be

to determine whether the patient had previously laboured under inflammation of the bowels. If so, the obstruction was probably structural. He had seen these obstructions in the small intestine frequently follow fever, they were the result of ulceration, cicatrization, and subsequent contraction.

Mr. Hilton considered that in Mr. Evans's case, the treatment, with respect to the operation, had been most judicious. The position of the obstruction was obvious, and the operation was therefore justifiable. He referred to cases of obstruction in the intestines resulting from a twisting of the colon upon itself, and of which he had lately seen an instance. The operation of Amussat was proposed, but not performed. After death, a vertical incision was made in the line of the abdominal muscles, from the false ribs to near the crista ilii; there was no difficulty in reaching the colon by this proceeding. The cases mentioned by Sir George Lefevre, in which the peritoneum was punctured, were very different from those under consideration, in which it was the object of the operator to avoid wounding that membrane.

Dr. Watson, from all he had seen or heard on the subject, had come to the conclusion, that the question of the operation was to be decided by the special circumstances of each case. In a case like that of Mr. Evans, the operation was justifiable, provided the patient had been acquainted with the nature and consequences of the proceeding previously. Other cases might occur, like that related by Dr. Johnson, in which, however inconvenient, it would, he considered, be advisable to allow fæcal evacuations by the throat, rather than resort to the formation of an artificial anus. Other cases would occur in which it could not be possible, á *priori*, to decide whether an operation were advisable or not.—*London Lancet.*

Aneurismal Tumour of Bone. By John Topham, Esq. M. P.—A young man, by trade a marble-cutter, was admitted into the Hôpital des Cliniques, Paris, March 3, 1845, under the care of M. Nélaton. The history given by the patient of the complaint under which he labours is as follows:—

Three months ago he became aware for the first time of the existence of an enlargement in the vicinity of the right knee-joint. This commenced on the inner side of the limb, just above the line of flexion of the joint. It was unattended by pain, and the patient has continued to walk about up to the present time, the tumour continuing gradually to increase in size, but not occasioning any inconvenience excepting during the act of walking down a very steep place, such as a flight of stairs, when slight uneasy sensations are experienced in it.

Present Condition.—There is now an enlargement occupying the situation of the internal condyle of the right femur. The dimensions of this tumour are six centimetres in the transverse direction, and about eight centimetres as measured from before backwards. The exact limits to which the disease extends are difficult to define, as at

its upper portion only is there a salient edge perceptible. The swelling occupies much more of the anterior than of the posterior portion of the limb.

The integuments covering the tumour are marked by numerous vascular patches, which are probably effects of the previous treatment to which the patient has been subjected, vesicatories, &c. having been applied, with the hope of causing absorption of the diseased structure.

The general surface of the tumour offers a hard resisting surface to the hand of the surgeon, it being evidently formed of an osseous shell; but over the internal condyle of the femur, precisely in the situation in which the patient describes the disease as having commenced, there is a point which offers a less degree of resistance to pressure, and in which the bony tissue appears to have become absorbed. This point is the only one in which pressure occasions pain to the patient, the rest of the surface of the tumour possessing no preternatural degree of sensibility. No pain is complained of in the thigh or leg, nor does pressure made over the course of the crural vessels occasion any abnormal sensation.

On placing the hand upon the tumour, a distinct pulsation is perceived, synchronous with each beat of the femoral artery. The swelling at the same time is felt to increase in size, especially in that situation in which there is naturally the least resistance.

Pressure made upon the femoral artery occasions the immediate cessation of this pulsatory motion in the tumour, and this occurs equally, whether the pressure be made in the upper or in the middle third of the thigh. Coincidently with the stoppage of the pulsation, the tumour is felt to become soft, and to sink down to a certain extent under the hand in the situation in which there is least resistance in the parietes.

On applying the ear to the swelling, (the femoral artery being free,) a slight sound is heard synchronous with the arterial pulsations, but this is in no way comparable with the bruit heard in an ordinary aneurism, and is so slight as to be with difficulty distinguishable.

M. Nélaton determined upon placing a ligature upon the femoral artery, in the hope of thus arresting the progress of the tumour. The vessel was accordingly tied in the middle portion of its course, this situation being selected because it had been previously found that pressure made upon this part of the artery commanded the flow of blood into the tumour as completely as when excited upon the vessel in the upper third of the thigh; and because, in case of secondary hæmorrhage, the operation of Scarpa would still remain practicable. The operation was performed on the 10th of March.

The immediate result of this procedure was to cause the disappearance of all pulsation in the morbid structure, but at the end of seven days this phenomenon again made its appearance, so that the result of the operation has been unsuccessful.

I may remark, in conclusion, that in the case just described are combined all the characters mentioned by authors as appertaining to this peculiar affection, with the exception of *one*.

M. Lallemand, of Montpellier, describes a sensation of *crackling* to be perceptible to the finger when pressure is made upon the tumour. This is due to the breaking down of minute osseous septa which exist in the substance of the morbid mass. The noise produced has been compared to the "crumpling" of parchment. The above phenomenon also presented itself in a case treated by M. Roux. In the present instance, however, nothing of this nature was perceptible either to the surgeon or to the patient.—*London Lancet.*

ACADEMIE DES SCIENCES.—FEBRUARY.

The Epizootic in Germany.—Dr. Schwab, the director of the veterinary school of Munich, has communicated, through M. Royer, an account of the Bohemian epizootic. This epidemic, which he calls *the bovine plague*, declared itself in Gallicia after the passage of oxen from the Russian provinces, and has gradually propagated itself to Moravia and Bohemia. In the former country, from September to December, 1,065 oxen have been attacked, 840 have died, 129 have been destroyed; only 68 have been cured. The disease broke out in Bohemia in September. It appears to be a virulent form of typhus. Every treatment hitherto employed has been inefficacious. The cattle should be destroyed as soon as the existence of the disease has become manifest. It has evidently been propagated in Bohemia by herds coming from infected districts.

On the Re-establishment of Nervous Action after Autoplastic Operations.—M. Jobert (de Lamballe) has arrived at the following results, through his experiments on man and on animals:—1st. Immediately after autoplastic operations, sensibility diminishes or disappears in the flaps, the diminution of the sensibility being directly in reason of the loss of blood. 2d. The section of the pedicle is followed by complete loss of sensibility, but after a certain length of time it reappears, and increases in the same proportion as the vascularity; both sometimes increase beyond the limits of the normal state, but always simultaneously. The anatomical examination of the pedicle gives the following results:—1st. After its section, the flaps are separated from all parts of the economy by cicatricial tissue. 2d. The only means of communication that exist between the flaps and the rest of the economy, are the vessels, more or less developed, which pass through the cicatricial tissue; no nervous filaments are ever met with. 3d. The nerves which existed primitively in the flap become atrophied, and may end by disappearing. Those of the neighbouring parts stop at the level of the cicatrix. Sometimes they are suddenly interrupted, presenting a kind of swelling at the neurilemma; sometimes they lose themselves in the cicatricial tissue, but it is never possible to follow them into the flap.

Toxical Effects of the Sulphate of Quinine.—M. Desiderio found this substance, given in toxical doses to animals, to produce somno-

lence, a difficulty to stand, a tendency to remain in one position, defective vision, and lowering of the eyelids. Distilled water of the lauro-cerisus dissipates these symptoms; alcohol or acetate of morphia increases them. Bleeding is a very efficacious remedy.

Toxical Effects of Copper and Zinc.—M. Blandet states that the copper colic, although rare in hospitals, is very common in workshops, and that all apprentices are attacked with it. It appears to be produced by the inhalation of pulverized copper. It is generally an apyretic affection, characterized by colics, with extreme prostration, and sometimes by diarrhœa, sometimes by constipation. Its ordinary duration is forty-eight hours. In the Paris workshops milk is used as a preservative. The treatment consists in emollients, or slight purgatives, according to the symptoms. In copper foundries, on the afternoon of the fusing day, or on the morning following, the workmen employed experience muscular pains, cephalalgia, general lassitude, vomiting, and rigors, which end in copious sweats and slight febrile reaction. These symptoms, M. Blandet attributes to the zinc, which is fused along with the copper to form bronze, &c. The very high temperature which is resorted to, in order to fuse the combined metals, gives rise to the formation of vapours of zinc, which become oxidized and fill the workshop. In the fusion of zinc alone these accidents are not observed, it not being necessary to raise the temperature so high.

Effects of Compressed Air.—M. Triger, an engineer, having to work a mine in the vicinity of the Loire, in order to throw back the water, kept up a pressure of several atmospheres by means of a steam engine. The men working in air thus compressed to three atmospheres, experience at first pain, more or less intense, in the ears; this pain ceases as soon as the mercury in the manometre marks an altitude of three centimetres. Deglutition also at once dissipates it, owing, probably, to its carrying, through the Eustachian tube, to the central ear a certain proportion of air, which re-establishes the equilibrium of pressure on the tympanum from within and without. The intensity of the pain depends a great deal on the state of the health. Drunkenness always renders it intolerable.—*London Lancet.*

Simple Method of Arresting Hæmorrhage from Leech-Bites.—In the Lancet of February 1st, Mr. Hogg records a case, wherein he experienced much difficulty in stopping the bleeding of leech-bites in a child, and was obliged to have recourse to the actual cautery. As this is a difficulty of not unfrequent occurrence, it may be useful to mention that I have succeeded in arresting active bleeding from a leech-bite, by encircling the bite with a section of quill, about the eighth of an inch in height, and fixed in its situation by adhesive plaster. I place a fold of lint over the orifice, to prevent the edge of the quill being too sharp, and the little circle, so as to include the bite in its centre, over that, a compress and adhesive plaster.—*Lewis Hensley.*

SURGICAL SOCIETY OF IRELAND, MARCH 15, 1845.

Case of Intus-susception of the Small Intestine.—Dr. BENSON begged leave to present to the society a specimen of morbid anatomy which he believed to be very rare. It was the small intestine of an adult, in which four examples of intus-susception are to be observed. Dr. Benson was aware that it was not very unusual to find two, three, or more intus-susceptions in the intestines of a child, but although he had opened as many abdomens as most men, he had never met with four in one adult until now.

The patient in whom this intestine was found had been a sailor, aged 35, of intemperate habits, who had travelled much, and had been afflicted with yellow fever in the West Indies some years ago. He was admitted a short time since into the City of Dublin Hospital, with enlarged and indurated liver, and jaundice. Under treatment he was improving a good deal, until hematemesis set in, under which he sunk in thirty-six hours.

On the post-mortem examination the stomach and all the intestines, as far as the sigmoid flexure of the colon, were found full of blood, the characters of which gradually changed as it approached this part, and was here of pitchy colour and appearance. The intus-susceptions were all in the jejunum, and did not seem to cause any obstruction to the onward course of the blood, nor to be attended with any mark of inflammation in the peritoneum investing them. They had all the marks of having been very recently formed, and one of them was actually unfolded by the pupils who carelessly handled them. They were all of the usual kind—the upper part received into the lower. During life there was no symptoms to lead one to suspect their existence—no constipation—no violent colic.

Dr. Benson would ask, what was the relation between these intus-susceptions and the hæmorrhage from the gastro-intestinal mucous membrane? Could it be said that either was the cause of the other? He thought it very likely that they were caused by the blood acting as an irritant on the intestine, and giving rise to those irregular contractions and dilatations which resulted in the peculiar morbid appearance before them. Every one must have observed what severe gripings generally attend intestinal hæmorrhages. And even when blood is swallowed in epistaxis, it not unfrequently causes tormina, though in such a case the blood must have undergone changes in the stomach; how much more likely would it be to occasion these pains, when it came unchanged, and as a foreign body, in contact with a membrane unprepared for its reception!

On the other hand, he (Dr. B.) thought it very unlikely that the intus-susceptions caused the hæmorrhage in this case. No doubt hæmorrhage might arise from such a cause; the interruption to the circulation in the part by the stricture might be followed by some extravasation, but the stricture which could do that would also prevent the blood from getting on in the bowel; it would also be of longer standing, it would show more marked symptoms of colic in

life, and it would not have caused so copious a discharge of blood from the stomach.

Dr. Benson concluded, therefore, that the blood in the intestines caused the irregular actions which ended in intus-susception; that the intus-susceptions occurred only a short time before the death of the patient; and that the fatal termination could in no wise be attributed to them. They were, however, he thought, deserving the attention of the society; and he would be glad to know if any member present had met with similar appearances under similar, or under any circumstances?—*Dublin Medical Press.*

Experimental Researches on the Action of Oils on the Animal Economy. By MM. Gluge and Thiernesse.—Olive oil and cod-liver oil were the two fatty oils used by MM. Gluge and Thiernesse in their experiments, and they were administered to dogs, rabbits, and kids, by injection into the veins, and also by the mouth. When either oil was injected into the veins, it usually produced dyspnœa, debility, painful sensation, and some affection of the circulation. The animals, after a few days, usually recovered from the first injection, but died very shortly after repeating the operation, from difficulty of breathing, rapidly failing pulse, and complete prostration. On dissection the lungs, liver, and kidneys were usually found in a more or less morbid state, exhibiting symptoms of inflammatory action; globules of oil, and a peculiar kind of crystals were also very commonly noted in their structures. The blood was more or less fluid, and peculiar crystals frequently remarked. When pure cod-liver oil was used, its action did not seem to differ from that of olive oil; but the brown or dark-colored cod-liver oil produced rapid death, often within an hour after its injection. In these cases the lungs were gorged with black blood, and emphysematous; and the blood, besides being fluid, contained a much larger proportion of oily globules, and of the peculiar crystals above alluded to.

When the oil was given by the mouth the dose was daily increased from a table spoonful. For several days or weeks the animal maintained its health, but at length it began to refuse nourishment, got feverish, suffered from dyspnœa, agitation of the limbs, weakness, and gradually sunk. In every case the lungs were found inflamed, congested, often hepatized, and everywhere penetrated with oil. The liver and kidneys were also in general more or less engorged with blood.

From these experiments the authors deduce the following conclusion:

1. That olive oil and pure fish oil do not act differently on the animal economy, whether taken by the mouth or injected into the veins, excepting in a few exceptional cases in dogs, when the fibrin of the blood and the muscles seem to acquire additional density when cod-liver oil was taken internally. But this result was not constant.

2. That unclarified dark-coloured fish oil, when injected into the

veins produces rapid asphyxia and decomposition of the blood, as evidenced by the irregular form of the blood-globules, and the presence of crystals in that fluid.

3. That the fatty oils, however introduced into the body, have a natural tendency to deposit themselves in the lungs, liver, and kidney.

4. That in these organs they are deposited in two different ways; they exude into the parenchyma through the capillary blood-vessels, or they become deposited in the biliary cells, the pulmonary vesicles, or the uriniferous canals.

5. That if a small quantity of oil be injected at once, the animal may recover from the effects.

6. That the effects of oil administered by the mouth varies much according to the dose, and the period of time when the animal takes it.

7. That when the dose is daily increased, the animals lose their appetite, become lean, cough, suffer from dyspnœa, and at last present all the signs of a violent pneumonia, to which they fall victims.

8. That the pathological appearances consist of total or partial hepatization of the lungs, with accumulation of fatty matters in the parenchyma of the lungs, liver, and kidneys.

9. That the hepatization of the lungs is always, as to its extent, in proportion to the quantity of oil introduced into the system by the stomach.

10. That the oil administered by the mouth is absorbed by the intestinal villi, and being thrown by the circulation on the lungs, liver, and kidneys, produces fatty degeneration of these organs.

11. That the particular-form of pneumonia, caused by large doses of oil, had been described by the older physicians, under the name of bilious pneumonia, and had not been recognised by the moderns.

12. That when oil is given medicinally for any length of time, we ought to exercise the muscles as well as the lungs, and watch carefully its action, for although cod-liver oil may be a therapeutic agent of much power, it is also one whose use is not unattended with danger, as commonly administered.—*Edingburgh Med. and Surg. Journ., from Gazette Medicale de Paris*, 9th Nov. 1844.

Experiments on the Mass of Blood relative to the Weight of the Body. By M. Wanner.—As it was impossible to ascertain in man the important fact of the weight of the blood to that of the body, M. Wanner made several experiments on the lower animals. The animals were first carefully weighed, and then bled to death by the butchers, and the blood weighed.

A bullock, weighing 1650 lbs. imperial, yielded 60 lbs. of blood. The proportion was therefore as 1 to 23·81, or rather more than 4 per cent. of blood.

Another bullock, weighing 1640 lbs., yielded 65 lbs. of blood. The proportion was therefore almost the same as the first, 1 in 23.73.

A cow, weighing 1293 imperial lbs., yielded 59 lbs. of blood. The proportion was therefore 1 in 21·77, or nearly 5 per cent. of blood.

A sheep, weighing 110 lbs., yielded 5½ lbs. of blood, or in the proportion of 1 to 22·72, or about 4½ per cent. of blood.

Another sheep, weighing 88 lbs., yielded 4 lbs. of blood, or in the proportion of 1 in 20, just 5 per cent. of blood.

In a rabbit the proportion of blood was as 1 to 25 exactly.

As it may be safely inferred that man follows the same laws in this respect as the lower animals, it may be deduced that a person weighing 100 lbs. has 5 lbs. of blood in his body,—a person weighing 200 lbs. nearly 10 lbs. of blood, and so on. The practical conclusion which the author deduces from this fact is, that a blood-letting to the extent of two cups from a woman weighing 100 lbs. is as much as one of four cups from a man weighing 200 lbs. The blood-letting ought, therefore, in every case to be proportioned to the weight of the individual. Thus, if 2 lbs. of blood were drawn from an individual 100 lbs. in weight, it would abstract nearly one-half of the blood from the body. Nine leeches, each abstracting half an ounce, would draw half of the blood from a child 5 years of age, whose average weight is about 30 lbs., and as 4 or 5 ounces is all the available blood in a child at birth, this fact should make us cautious in allowing blood to escape from the chord in cases of apoplexy, &c.

It is remarked by M. Guerin that these experiments merely relate to the available blood in the body, and though true in a physiological and practical, are not so in a pathological sense.—*Ibid from Ibid.*

On the Modification which the Blood undergoes during Inflammation. By MM. Robert-Latour and Collignon.—The experiments of MM. Latour and Collignon were for the purpose of ascertaining the connection between the presence of fibrin in the blood and acute inflammation; and the investigations included the examination of arterial as well as of venous blood. These experimentalists drew, at the same moment, from a large dog, a quantity of arterial and of venous blood. The proportion of dry fibrin which the arterial blood furnished was found to be 0·20 per cent., while that of the venous blood was 0·25 per cent. Pleuro-pneumonic inflammation was then excited by the injection of a quantity of alcohol into the pleura; and, four days after, when the fever was high and the pulsation 190 in the minute, a second quantity of arterial and venous blood was again drawn. The arterial blood was now found to yield 0·40 per cent. of dry fibrin, and the venous 0·50 per cent.

A similar experiment was made on another dog with the same result, from which the authors conclude:

1st. That arterial, like venous blood, presents a notable increase of fibrin as soon as inflammatory action is set up.

2d. That the changes which the blood undergoes are the consequence, and not the cause of disease.

Mortality attending the Operation of Tying the Large Arteries. By T. Inman, of Liverpool.—Mr. Inman gives the following table, drawn up from a careful examination of all the medical periodicals for a long series of years.

Artery subjected to ligature.

	No. of Cases.	Deaths.	Proportion.
Cases collected by Phillips from the works of Boyer, Lancisi, Scarpa, Pelletan, &c. where old operation was performed, viz:			
Femoral tied,	22	6	1 in $3\frac{3}{4}$
Humeral tied,	7	1	1 in 7
Hunterian operation,			
Arteria innominata,	6	6	all died
Subclavian,	40	18	1 in 2
Carotid,	40	11	1 in 4
Abdominal aorta,	3	3	all died
Common iliac,	8	3	1 in $2\frac{2}{3}$
Internal iliac,	4	2	1 in 2
External iliac,	27	9	1 in 3
Femoral,	42	7	1 in 6

Mr. Inman also gives the following table of the mortality attending the operation of hernia:—

Where, or by whom recorded:

	No. of Cases.	Deaths.	Proportion.
In Sir A. Cooper's work on Hernia,	77	36	1 in 2
By Travers,	14	8	1 in $1\frac{1}{2}$
Dewar of Dunfermline,	17	4	1 in 4
Scarpa, (on Hernia),	16	5	1 in 3
Lawrence, (on Hernia),	22	6	1 in 3
Clement,	8	3	1 in 2
Hey, (he performed the operation 40 times, but no detailed account is given of all the cases,)	12	6	1 in 2
Wurtzburg from 1815 to 1842,	56	24	1 in $2\frac{1}{2}$
Recorded in different periodicals as isolated cases,	88	30	1 in 3
Malgaigne's,—hospitals in France,—Patients between 50 and 80 years,	97	70	1 in $1\frac{1}{4}$
all other ages,	86	44	1 in 2
Guy's Hospital, from September, 1841, to December, 1842,	19	10	1 in 2
Scotch hospitals during 1843,	11	3	1 in $3\frac{2}{3}$
Cases witnessed by author,	6	3	1 in 2
Liverpool Infirmary for two years,	4	1	1 in 4
Liverpool Northern Hosps. 9 years,	12	6	1 in 2
Total,	545	260	1 in 2

London Lancet.

On the Nature of the Corpora Lutea, and on the differences which they present according as the expulsion of the ovule has been followed or not by conception. By M. Raciborski.—M. Raciborski, from his experiments and dissections relative to the formation of the *corpora lutea*, draws the following conclusions :—

1. The *corpora lutea* are the result of a true hypertrophy of the granular layer which covers the internal membrane of the Graafian vesicles. The anatomical elements of these two parts are absolutely the same, only the granulations of the *corpora lutea* are much more numerous, and involve many more oily globules of a yellow colour.

2. The transformation of the internal tunic into *corpus luteum* commences before the rupture of the vesicle, at the moment when it is ready to give passage to the ovule.

3. As soon as the Graafian vesicles are ruptured the transformation of the internal membrane into *corpus luteum* acquires an extraordinary activity. But there are here two essential differences remarked according as the expulsion of the ovule has been spontaneous, as occurs at each menstrual and rutting period, or according as it has been attended with sexual intercourse and conception.

In the females of most of our domestic animals, as the pig, cow, sheep, &c., this difference does not exist. Whether these animals have or have not had connection with the males, the expulsion of the ovule is always followed by the formation of *corpora lutea*, represented by fleshy masses of a yellow or reddish colour. It is different, however, with women. If the expulsion of the ovule is not followed by conception, as happens at the ordinary menstrual periods, then these granulations increase in size and number ; but this activity of nutrition soon stops and proceeds no farther than the formation of a thin membrane of a more or less deep yellow colour applied against the proper membrane of the vesicles; this membrane surrounds a cavity in which may generally be found traces of a clot of blood. If, on the other hand, conception coincides with the expulsion of the ovule, the elements of the granular tunic augment so in number and volume, that in a short time they form a pretty voluminous mass, which of itself fills the whole cavity of the vesicle.

4. In all women delivered at the full time, we find a *corpus luteum*, such as we have described. But what is very remarkable is the rapidity with which the *corpus luteum* decreases and becomes atrophied as soon as delivery takes place. Thus a *corpus luteum* which on the second or third day after delivery, would have a medium diameter of 7-10ths of an inch, by the tenth day would be reduced more than one-half; and, by the end of three months, a small scarcely coloured particle, not exceeding a line in diameter, could alone be detected.

5. It results from this, that in women it is very easy to distinguish, by the inspection alone, cases of the spontaneous expulsion of ova from those in which the expulsion has been followed by conception.—*Edinburgh Med. and Surg. Journ., from Bulletin de l'Academie Royale de Medicine.*

Sojourn of a Cherry stone nine months in the Air Passages. By M. Maslieurat-Lagemard.—A woman, 54 years of age, without cause known to herself, was seized with fits of coughing, which came on every eight or nine days, and continued for several minutes. She had no feverish symptoms, nor pain of chest, nor unusual respiratory murmur. As the cough was always attended with sensation of suffocation, she asked medical advice; but as no cause could be detected to account for the cough, it was deemed nervous, and treated accordingly, but without affording any relief. Nine months after its appearance, during a fit of coughing, she expectorated a hard body, which on examination proved to be a cherry-stone surrounded with a calcareous incrustation.—*Ibid, from Gazette Medicale de Paris.*

Peculiar form of Dissecting Aneurism of the Thoracic Aorta.—Dr. Robert Macdonnell, in the last number of the Medical Gazette, relates a case of this unusual form of aneurism. The patient, a women, about fifty years of age, went to bed in perfect health, and towards morning was awoke by very severe pain in the epigastric region, resembling colic, to attacks of which she was subject. An anodyne draught was administered, and warm fomentations to the abdomen. In an hour afterwards she suddenly expired.

On a post-mortem examination the pericardium was found to contain about four ounces of serum tinged with blood, and some coagula; the membrane was otherwise healthy. The origin of the great vessels, towards the apex of the pericardium, was surrounded by a large and firm mass of coagulated blood, which was bound down by the thin layer of serous membrane which passes up from the heart along the vessels to be reflected on the fibrous layer. The semilunar valves of the aorta were atrophied and cribriform; the aorta at this place was healthy, but about an inch from it, a laceration, extending transversely, was discovered, the edges well defined, which penetrated the internal and middle coats only; from it a probe could be passed downwards between the external and middle coats to the level with the upper border of the semilunar valves. A probe passed upwards, as far as the division of the innominata, and for half an inch along the course of the left subclavian and carotid, to which extent the middle coat of these vessels was separated from the external.

The opening in the cellular coat through which the blood escaped was small and circular; it was filled with a dark coagulum which extended downwards; separated the aorta from the pulmonary artery, and its compression had occasioned flattening of this vessel. "The coagulum lay beneath all that portion of the reflected layer of the pericardium, extending from the zonæ tendinæ of the right and left ventricles to where it is reflected on the under surface of the fibrous layer of the membrane. The serous membrane was perfectly whole, except at a small point corresponding to the junction of the right ventricle with the left auricle, where there was a small aperture, through

which the small quantity of blood in the bag of the pericardium had evidently escaped."

The aorta itself was extensively diseased, and thickly coated with bony plates and atheromatous deposit. The mouth of the innominata was filled by a firm clot, which extended for some distance along the vessel. The lungs and liver were greatly engorged.—*Dublin Medical Press.*

Possibility of Inflammation in Cold-Blooded Animals.—M. Sereboullet, of Strasbourg, informed the Academy, that while examining a cayman, which had died in a travelling menagerie, he found that death had been caused by extremely intense peritonitis. The peritoneum was highly vascular, and coated, throughout its entire extent, with pus, which lay in false membranes that could be peeled off in flakes. The intestines were of a wine-red colour, and agglutinated together by false membranes.

On separating the intestines from each other, a piece of cork was found in the peritoneal cavity; the perforation of the intestine through which it had escaped was almost linear, and was situated in the angle of the fourth fold of the intestine. In this instance the characters of true inflammation were present,—intense redness, exudation of plastic lymph, formation of false membranes, adhesions, secretion of pus. It is thus shown, beyond all doubt, that inflammation can occur in cold-blooded animals.—*Gazette Medicale de Paris.*

Febrile Periodicity, as influenced by the Sulphate of Quinine. By Thos. D. Mitchell, M. D., Prof. Mat. Med. and Therap., in Transylvania University.—But a few years ago, the therapeutical application of this invaluable salt of Peruvian bark, was exceedingly limited; and with some, even at this day, it is held to be competent, as a remedy, only to true intermitting fever, or ague and fever.

The doctrine, that all fevers and all diseases, are essentially intermittent, has long been before the public; and while we are ignorant of the nature and source of periodicity, the fact of intermittence is as well established, as any other in medicine. And although a late writer has asserted boldly, and without exception, that *Therapeutics cannot be based on Pathology*, we aver as positively, that the direct opposite is true. We believe, especially in reference to fevers, almost without exception, that they are curable by sulphate of quinine, simply and solely, because it is a remedy, above all others, adapted to diseases of an intermittent and remittent character; their terms being substantially, and in fact, as to periodicity, the same.

In regard to the Pathology of Fevers, we know almost nothing, perhaps nothing at all, that is practically of the smallest value, save the naked fact of intermittence or periodicity.—This is cognisable when we can scarcely fix upon another point, that is worthy of notice or remark.

We cure an ague and fever, by sulphate of quinine, no matter whether it be a true and open ague, or a masked intermittent. And we cure many diseases of genuine neuralgia, unattended by chill or fever, at all perceptible, by the same agent. These are common cases, with which all practitioners are familiar, and they clearly set forth the adaptation of the remedy, on the ground of intermittence.

But if we look a little further, we shall discover, that other fevers, called by different names, merely to subserve the interests of theory, possess one common property, which, confessedly under the control of the sulphate of quinine in the case of common ague and fever, is not less so in Typhoid, Typhus, Congestive, Yellow, and it may be, all the fevers named in the books.

The position I assume here, is plainly and boldly this: *there is but one feature or element in either of the fevers named, that is essential to its pathology, and that feature or property or element bows before the potent sway of the sulphate of quinine, and for this reason only, we cure the patient.—Western Lancet.*

The Seventy-second Anniversary of the Medical Society of London was held on the 6th of March, at the London Coffee House; the President, Dr. Theophilus Thompson, in the chair. The Fothergillian Gold Medal was presented to Walter C. Dendy, Esq., for an Essay on Lepra and Psoriasis; and the Silver Medal of the Society to Dr. Chowne. Dr. Marshall Hall delivered the Oration—On the influence of the Mind on the Body. The ballot was declared as follows:—President: Dr. T. Thompson. Vice-Presidents: Dr. M. Hall, Mr. Pilcher, Dr. Golding Bird, Mr. Headland. Treasurer: Mr. Clifton. Librarian: Mr. Dendy. Secretaries: Mr. W. A. Harrison, Mr. J. F. Clarke. Secretary for Foreign Correspondence: Dr. Davidson.—*London Lancet.*

The "Cap and Gown."—An unanimous resolution has been adopted by nearly 500 students of University College, in Upper Gower street, London, in favor of the wearing of an "academical costume," which they regard as being "well calculated to be of advantage to the Institution, to promote the dignity of the College, and to improve the character and morals of the pupils."—*Ibid.*

OBITUARY.

M. Ribes.—M. Ribes was one of the most talented and one of the most celebrated of the French military surgeons of the revolution, and of the empire. Born in 1766, at Bagnères, he first studied at Toulouse under Alexis Larrey, and then at Paris under Desault, Pinel, Sabatier, &c. He was the friend and fellow-student of Bichat, Richerand, Bretonneau, and of many other illustrious men of the present century. In 1792 he adopted the career of military surgery,

and, on the recommendation of Sabatier, obtained an appointment at the Hôtel des Invalides. The following year he was drafted into the army. From this epoch, until the definitive return of the Bourbons, he was continually in the field, and assisted at nearly all the campaigns of that eventful period. During his lengthened military career he was present at twenty drawn battles, at seventeen smaller encounters, and at three sieges. He also took an active part in two disastrous epidemics of typhus, which raged, the one in Spain, and the other in Saxony; and he did not even escape participating in the fatal campaign of Russia in 1813. In the course of these numerous campaigns, the dangers which he encountered, the narrow escapes which he experienced, would alone fill a volume. Thus we may mention, that he was standing by the side of General Dugommier, of Marshal Duroc, and of General Kirschner, when, at different periods, they were killed, the first by a shell, the two latter by cannon-balls.

After the peace, Ribes returned to Paris, and devoted his leisure to the scientific study of his profession. It was not, however, till much later, when he had matured his extensive experience by reflection and study, that he submitted to the world those labors which gained him, in the world of letters, the reputation of an eminent scientific surgeon, as well as that which he already possesses, of an able practitioner. His principal work is one in three volumes, which he dedicated to Bichat, entitled "Memoirs and Observations of Anatomy, Physiology, and Surgery." He has also written, in the medical journals of the day, a great number of papers on various subjects.

Ribes was an extremely modest, retiring man, and lived away from the world, in the retirement of private life. At the latter part of his career he was placed at the head of the medical staff of the Invalides, the magnificent military hospital where he had held his first appointment more than half a century before. Here he found himself, to his great delight, amongst his old companions in arms. This appointment was, however, withdrawn from him a short time ago. The blow was a severe one; indeed, he never recovered it. His health gradually declined, and on the 21st of last February, he died of a chronic inflammatory affection of the lungs. He was, at his death, in his eightieth year. Although so advanced in life, until within a short period of his death, he enjoyed all the physical and intellectual activity of a green old age, not a very common occurrence with members of our profession.—*Ibid.*

M. Ollivier (D'Angers.)—M. Ollivier (D'Angers) died on the 13th of March, after a short illness, aged forty-nine. He was one of the most scientific and talented French practitioners of our times. His Treatise "On Diseases of the Spinal Cord," is universally considered to be one of the best monographs that have been written on the subject. He has also written on legal medicine, and was considered an authority on all subjects connected with that department of science. He was a member of the Academy of Medicine.—*Ibid.*